

ACCESSORY DWELLING UNIT (ADU) IMPROVEMENT PROGRAM



GRANT APPLICATION FORM

Name

ADU address

Email

Phone

Do you own the property listed above?

Yes

No

Are you a permanent full-time residence of this property?

Yes

No

Do you intend to rent the proposed ADU?

Yes

No

What type of upgrades are you planning?

Cost estimate for renovations:

ITEMS REQUIRED FOR SUBMISSION (please send as attachments with completed application)

Proof of ownership

Full title report

As-built plans

I hereby certify that the statements are true. All persons who are on title must sign application. If accepted into the program, I agree to recording a deed restriction on the rental rate for my ADU.

Applicant's Signature

Date

Co-applicant's Signature

Date

Please email completed application form and required attachments to ACM-CDDirector@san-juan-bautista.ca.us and allow 30 days for processing.