



City of Del Mar Planning Department Verification Form

ADU - Accessory Dwelling Unit

ADU _____ - _____ Project Address: _____

Related Permit(s): _____ Owner (Last Name): _____

Zoning: _____

Supplemental Questions	
➤ Is there an existing residence on-site?	Y / N
➤ Is the proposed ADU less than 550 sq. ft.? Is the proposed JrADU less than 500 sq. ft.?	Y / N
➤ Does the proposed ADU/JrADU provide a separate entry from the existing residence?	Y / N
➤ Is the ADU is under 14 ft. in height as measured pursuant to the DMMC?	Y / N
➤ The ADU is composed of similar architectural style to the existing residence. ➤ *see zone for additional criteria / parameters	Y / N
➤ Is the JrADU attached to the existing on-site residence?	Y / N
➤ Is any proposed lighting shielded, downward directed, and directed away from the public?	Y / N
➤ Does the ADU have one off street parking space, if located more than 1/2 mile from a public transit stop? (See map for instructions)	Y / N
➤ Do you plan to rent out the ADU? If so, for how much? _____	Y / N

Owner or Owner's Agent Certification

I certify that the information provided on this questionnaire is accurate to the best of my knowledge. I understand that additional information may be needed to process my request and, if any of the information provided herein is found to be in error or deficient, the application may not be deemed complete and may be rejected.

Signature (Owner or Agent)

Date

Print Name

Staff Use Only

Planning Verification

I have reviewed the information provided on this questionnaire and verified its accuracy.

Planning Department

Date