<table>
<thead>
<tr>
<th><strong>PROVISION</strong></th>
<th><strong>ORDINANCE REQUIREMENTS &amp; REGULATIONS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICATION TYPE</td>
<td>Second Unit Permit</td>
</tr>
<tr>
<td>CURRENT FILING FEE</td>
<td>$808.45 with no annual renewal fee</td>
</tr>
<tr>
<td>PROCEDURE</td>
<td>Administrative Review by Planning Division</td>
</tr>
<tr>
<td>UNIT SIZE FOR ATTACHED</td>
<td>Not to exceed 30% of the primary unit</td>
</tr>
<tr>
<td>UNIT SIZE FOR DETACHED</td>
<td>Not to exceed 75% of the primary unit with a 1200 s.f. maximum</td>
</tr>
<tr>
<td>PARKING REQUIREMENTS</td>
<td>One additional paved parking space</td>
</tr>
<tr>
<td>MOBILE HOMES ALLOWED</td>
<td>Residential lots of 20,000 s.f. or larger only</td>
</tr>
<tr>
<td>OWNERSHIP REQUIREMENTS</td>
<td>Ownership of both units by occupant of one unit</td>
</tr>
<tr>
<td>LOCATION OF ATTACHED UNIT</td>
<td>Meet setback requirements</td>
</tr>
<tr>
<td>LOCATION OF DETACHED UNIT</td>
<td>Meet setback, along alleyways in downtown area</td>
</tr>
<tr>
<td>ARCHITECTURE/COLOR/MATERIALS</td>
<td>Must be compatible with the primary unit &amp; the surrounding area</td>
</tr>
<tr>
<td>PERMITTED ZONES</td>
<td>Any single family residential zone</td>
</tr>
<tr>
<td>FIRE SPRINKLERS</td>
<td>Required for any newly constructed unit and Mobile homes year 2011 or newer</td>
</tr>
<tr>
<td>APPEALS</td>
<td>Appealed to City Council</td>
</tr>
<tr>
<td>AGE REQUIREMENT IF MOBILE HOME</td>
<td>June 15,1976 or newer</td>
</tr>
<tr>
<td>OCCUPANCY REQUIRES</td>
<td>Must meet UBC regulations</td>
</tr>
<tr>
<td>LOCATION</td>
<td>Secondary unit must be located to the rear of the main residence</td>
</tr>
</tbody>
</table>
SECOND UNIT / ADDITIONAL DWELLING UNIT (ADU) APPLICATION

(PLEASE TYPE OR PRINT)

Project Address: ____________________________ Assessor’s Parcel #: __________________

Tract Map/Parcel Map Number: ___________ Lot # _________ Size of Property: _______________

Description of Proposed Project:

________________________________________________________________________________________

________________________________________________________________________________________

Use of New Construction: ____________________________ Square Footage of New Construction: ______

Proposed Setbacks from Property Line: Front ______ nearest Side ______ Opposite Side ______ Rear ______

Please include samples
Roofing Material ______________ Exterior Building Materials ______________ Colors ______________

Applicant’s Name: ____________________________ Phone Number: ____________________________

(Notearized letter from building owner/contractor is required when using an agent)

Contact Person ____________________________ Email __________________

Mailing Address: ____________________________ STREET __________________ CITY __________________ STATE ____________ ZIP ____________

Property Owner’s Name: ____________________________ Phone Number: __________________

Email Address: ____________________________

Mailing Address: ____________________________ STREET __________________ CITY __________________ STATE ____________ ZIP ____________

Are you the CONTRACTOR or OWNER/BUILDER? (Circle one)

Contractor Name: ____________________________ Phone Number: __________________

Contact Person ____________________________ Email __________________

CA Contractor Lic. # ____________________________ License Type: ______________ License Exp.: ____________

Mailing Address: ____________________________ STREET __________________ CITY __________________ STATE ____________ ZIP ____________

Worker’s Comp. Carrier: ____________________________ Policy #: __________________ Ins. Exp. Date: ____________

\Cop-fs\groups\Planning\Applications\Second Unit Application rev. 9-10-19.doc
APPLICATION PACKAGE MUST INCLUDE THE FOLLOWING ITEMS:

PLAN SHEETS SHOULD NOT EXCEED 24” X 36"

(1) 3 copies of scaled or fully dimensioned site plans.
(2) 3 copies building elevations. (1 shall be colored and materials indicated)
(3) 3 copies floor plans.

The above plans must be assembled in 3 sets (sets are site plans, elevations, and floor plans) and folded to a maximum size of 8 ½” X 11” per section 19.50.050

(4) A grant deed or title report (for verification of ownership).
(5) A copy of the Assessors map page.
(6-A) Mobile homes brought in from out of state will require a HUD label. The HUD label may be obtained by calling 202/708-6423. The Department of Housing and Community Development has stated that mobile homes built prior to 1974 will not qualify for a HUD label (CERTIFICATION).
(6-B) Alterations to a mobile home or modular home must first go through the Department of Housing and Community Development at 3737 Main Street, Suite 400, Riverside, CA (951/782-4420)
(7) Request for verification for Manufactured/Mobile home certification label @WWW.IBTS.ORG
(8) Photos of the Manufactured/Mobile home in question.

THE SITE PLAN MUST INCLUDE THE FOLLOWING:

(1) Name, address and telephone number of applicant, owner and engineer.
(2) Assessors parcel number and legal description.
(3) Scale of plan.
(4) North arrow.
(5) Overall dimensions of the property and location of adjoining lot lines.
(6) Location and dimensions of existing structures, roads, and easements.
(7) Location of existing water and sewer hook ups and proposed septic tanks, leach lines and seepage pits.
(8) Setback dimensions.
(9) A description of walls, landscaping, architectural treatments, and other methods which will be used to ensure expeditious processing and that the proposal will blend in with the surrounding neighborhood.
(10) A vicinity map.
(11) Appropriate deposit made payable to the City of Perris.

SECOND UNIT REVIEW APPLICATION

NOTE: Plan review, permits, and inspections are required from the Building Division prior to construction or occupancy of the proposed project.

I hereby acknowledge that if any of the information required above is not presented at the time of application that this may delay the processing of this project.

Certification: I hereby certify that I understand the information and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct.

Applicant’s Signature ___________________________ Date __________ Property Owner’s signature ___________________________ Date __________

Applicant’s Printed Name ___________________________ Property Owner’s Printed Name ___________________________
When owner & applicant are different, with the exception of licensed contractors, notarization shall be required.

Authorization to Act on Behalf of Owner

Date: ______________________

City of Perris
135 N. ‘D’ Street
Perris, CA  92570

To Whom It May Concern:

I am the owner of the property at (street address):


The following work will be performed at this address (description of work):


I authorize (print name) ________________________________ to act as my agent to obtain necessary permits for the work described above.

Furthermore, I agree to defend, indemnify, and hold the City of Perris, its elected officials, officers, directors, employees, agents, and volunteers harmless from and against any and all loss, liability, or damages, including reasonable attorneys’ fees and/or court costs, arising out of the performance of this contract, except for the sole negligence of the City of Perris, its elected officials, officers, directors, employees, agents, and volunteers.

____________________________________
(property owner signature) To be Verified by Notary

____________________________________
(property owner printed name)

NOTE: If the property is a part of a corporation a list of authorized corporate officers must be provided.

Only required if an agent is working on behalf of the owner. Additional notary acknowledgement form must be attached for this form if used.
Hazardous Waste Site Certification: (Required pursuant to Section 659652.5 (f) of the California Government Code) Please see hazardous waste list at WWW.geotracker.swrcb.ca.gov/search/. At City type Perris, then enter.

The applicant/owner hereby certifies that they have consulted the list of hazardous waste sites for the City of Perris, dated ______________________ (must be filled in), and the project is/is not (circle one) located on a site included on the list of hazardous waste sites for the City of Perris.

Air Quality/Hazardous Materials Certification: (Required pursuant to Section 65850.2 of the California Government Code)
1. The applicant/owner hereby certifies that the project will/will not (circle one) need to comply with the requirements for a permit for construction or modification from the South Coast Air Quality Management District, 21865 E. Copley Drive, Diamond Bar, CA 91765-4182, (909) 396-2000.
2. The applicant/owner hereby certifies that the project will/will not (circle one) have more than a threshold quantity of a regulated substance, or will contain a source or modified source of hazardous air emissions. Please attach a list of any regulated substances and quantities anticipated, if applicable. (Note: Any quantity of hazardous waste or handling or storage of any quantity of acutely hazardous materials requires filing of a Management Plan and a permit from County Environmental health Services. A Management Plan and permit is also required for other hazardous materials if more than the threshold quantities are present, which are typically either 55 gallons of liquid, 200 cubic feet of pressurized gases, or a weight of 500 pounds.) 951/766-6524HazMat
3. Describe any use, storage, or discharge of hazardous and/or toxic materials in the known history of this property. Please list the materials and dates, if known. (Attach response if appropriate)
4. The project is/is not (circle one) located within one-quarter (1/4) mile of a school.

NOTE: Plan review, permits, and inspections are also required from the Building and Safety Division prior to any construction or occupancy of the proposed project. The applicant/owner shall comply with all requirements of the Perris Municipal Code in construction and use of the proposed project.

Certification: I hereby certify that I understand the information and requirements referenced in this application and that the information furnished above and in any attached exhibits is true and correct.

Applicant’s Signature __________________________ Date __________ Property Owner’s signature __________________________ Date __________

Applicant’s Printed Name __________________________ Property Owner’s Printed Name __________________________