



SB-9 APPLICATION

PLANNING SERVICES



CHECK ONE OR MORE, AS APPLICABLE

Urban Lot Split

Two-Unit Housing Development

APPLICANT REQUIRED INFORMATION

Assessor's Parcel No(s)

Date

Property's Address

Property Owner(s)

Phone

Owner's Address

Applicant (if different than owner)

Phone

Applicant's Address

Email

Designated representative of applicant(s) / owner(s) (ONE ONLY)

Phone

Name of Project (if applicable)

Size of Property

Acres

Sq. Feet

Proposed Impervious Area of Site (Sq. Ft.):

New

Existing to Remain

Describe the proposal:

Has the property been used as a rental property any time within the last three years? Please clarify:

Is the smaller proposed parcel 40% or larger of the existing parcel's net area? Please clarify:

The applicant is required to occupy one of the housing units as their principal residence for a minimum of 3 years from the date of the approval of the urban lot split. Clarify how the owner will satisfy this requirement.

Authorized Signature: _____

Owner/Applicant Applicant

(Note: if applicant signs, an authorization signed by owner must be attached)