



## CITY OF SAN RAMON

Planning Services Division  
7000 Bollinger Canyon Road  
San Ramon, CA 94583  
Telephone: 925.973.2560  
Fax: 925.830.0100  
Email: [Planning@sanramon.ca.gov](mailto:Planning@sanramon.ca.gov)

### **ACCESSORY DWELLING UNITS (ADU) PERMIT – REVIEW PROCESS AND SUBMITTAL CHECKLIST**

The following items are required to be submitted and approved by the Planning Services Division prior to issuance of a building permit for construction of an ADU or JADU.

Please review this checklist for required submittal items. If you have additional questions regarding your ADU application, please contact the Planning Services Division at (925) 973-2560 to speak with a planner.

Contact the Building and Safety Division at 925.973.2580 or [Building@sanramon.ca.gov](mailto:Building@sanramon.ca.gov) for building permit submittal and building permit process.

#### **Planning Review Process - Accessory Dwelling Units:**

Step 1: Review ADU Informational handout.

Step 2: Complete all applicable submittal forms, and applications.

Step 3: Submit completed ADU Permit Application Packet as part of the Building Permit Submittal.

#### **Please Note:**

**California Government Code Section 65852.2(e) provides an exemption which allows for a streamlined review process. If your proposed ADU Meets the following criteria:**

- **Up to 800 Square Feet**
- **Maximum 16 feet tall for Single-Family parcels or 18 feet tall for Multifamily parcels**
- **Minimum 4-foot side and rear yard setbacks**

**Planning Staff will determine your qualifications for the exemption based upon the information provided on the Accessory Dwelling Units Application Form, and Project Plans.**

**Submittal Checklist - Accessory Dwelling Units:**

- 1. ADU Application Form.** Include signature(s) of the legal property owner(s) and applicant. In addition to the application form the submittal packet shall include:

- a) Written Statement: Describe the ADU/JADU in detail, including proposed square footage, number of bedrooms, and proposed parking area (See ADU handout).

- b) Project Plans: Fully dimensioned Site Plan and Floor Plan, include a north arrow, graphic scale, site address, and date.

\*Accessory Dwelling Units that are not subject to Statewide Exemption require a Zoning Clearance Fee prior to Building Permit Issuance and will be collected upon submittal of this packet.

\*\*Statewide Exemption Accessory Dwelling Units are subject to an equivalent fee to be collected during Building Permit Review.

- 2. Address Assignment Form (Address Assignment Fee applies).** Include signature(s) of the legal property owner(s) and applicant.
- 3. Indemnification Affidavit Form.**
- 4. Deed Restriction.**

# Accessory Dwelling Unit Application Form



**City of San Ramon**  
Planning Services Division  
7000 Bollinger Crow Canyon Road  
Telephone: 925.973.2560  
Fax: 925.830.0100  
Email: [Planning@sanramon.ca.gov](mailto:Planning@sanramon.ca.gov)

## I. PROPERTY INFORMATION

LOCATION OF PROPOSED ACCESSORY DWELLING UNIT (*Street Address*) \_\_\_\_\_

## II. CONTACT INFORMATION

### Applicant other than Property Owner:

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Property Owner:

Property Owner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## III. PROPOSED ACCESSORY DWELLING UNIT INFORMATION

### 1. SINGLE-FAMILY/MULTIFAMILY PROPERTY:

- SINGLE-FAMILY
- MULTIFAMILY

### 2. TYPE OF ADU (ADU/JADU) (*SEE SAN RAMON ADU HANDOUT FOR DEFINITIONS*):

- ADU
- JADU

### 3. ATTACHED OR DETACHED FROM THE PRIMARY RESIDENCE:

- ATTACHED
- DETACHED

4. HEIGHT: \_\_\_\_\_

5. NUMBER OF BEDROOMS IN THE ADU: \_\_\_\_\_

6. ADU SQUARE FOOTAGE: \_\_\_\_\_

7. TOTAL EXISTING AND PROPOSED PARKING SPACES PROVIDED ON-SITE (GARAGE AND DRIVEWAY): Existing \_\_\_\_\_ Proposed \_\_\_\_\_

IV. ACKNOWLEDGEMENTS	INITIAL
A. I agree to prohibit short-term rentals (30 consecutive days or less) within the proposed Accessory Dwelling Unit or Junior Accessory Dwelling Unit, in compliance with California State Government Code Section 65852.2, as amended.	
B. I agree to apply for a City of San Ramon Address Assignment application for the proposed Accessory Dwelling Unit or Junior Accessory Dwelling Unit.	
C. I agree to comply, at all times, with all applicable Accessory Dwelling Unit regulations in California State Government Code Section 65852.2 as amended.	
D. I agree to notarize and record the required Deed Restriction with the Contra Costa County Assessor's Office prior to Final Building Permit Inspection, in Compliance with California State Government Code Section 65852.2	

*I certify under penalty of perjury that the above information is true and correct. I understand and agree to abide by the City of San Ramon Zoning Ordinance Section D4-39 (Accessory Dwelling Units), and California State Government Code Section 65852.2, as amended.*

*I acknowledge I have read and understand the City of San Ramon Indemnification Affidavit and agree to abide by the City of San Ramon Indemnification Affidavit, as amended.*

**A. Property Owner:** In signing this application, I, as property owner, have full legal capacity to, and hereby do, authorize the filing of this application. I understand that conditions of approval are binding. I agree to be bound by those conditions, subject only to the right to object at the hearings or during the appeal period.

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Applicant Other Than Property Owner:** In signing this application, I, as applicant, represent to have obtained authorization of the property owner to file this application. I agree to be bound by conditions of approval, subject only to the right to object at the hearings on the application. If this application has not been signed by the property owner, I have attached separate documentation of full legal capacity to file this application and agreement to conditions of approval, subject only to the right to object at the hearings or during the appeal period.

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Address: \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For City Use: Reviewed By: _____ APN: _____  <input type="checkbox"/> Exempt                      ADU Application Number: _____ <input type="checkbox"/> Non-Exempt                    ADU Zoning: _____
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**City of San Ramon**  
**ADDRESS ASSIGNMENT APPLICATION**  
 Planning Services, 7000 Bollinger Canyon Road, San Ramon, CA 94583  
 Telephone: 925.973.2560 Fax: 925.830.0100 Website: [www.sanramon.ca.gov](http://www.sanramon.ca.gov)

**I. APPLICANT INFORMATION**

PRIMARY SITE ADDRESS:		APN:	
PURPOSE OF ADDRESS ASSIGNMENT REQUEST:		NUMBER OF ADDRESSES TO BE ASSIGNED:	
APPLICANT NAME:			
APPLICANT ADDRESS:			
CITY:	STATE:	ZIP CODE:	APPLICANT PHONE NUMBER: (     )

**II. PROPERTY OWNER AUTHORIZATION**

PROPERTY OWNER (PLEASE PRINT NAME):	
PROPERTY OWNER SIGNATURE:	DATE:

**III. SUBMITTAL REQUIREMENTS**

<input type="checkbox"/> SITE PLAN	<input type="checkbox"/> FLOOR PLAN
<input type="checkbox"/> FEE: 1 ADDRESS .....\$350 MULTIPLE ADDRESSES..... TIME & MATERIALS PLUS A \$600 DEPOSIT	

**IV. FOR PLANNING SERVICES DIVISION USE**

<div style="border: 1px solid black; height: 150px; width: 100%;"></div>		APPLICATION NO.:	
		ZONING DISTRICT:	
RECEIVED BY:	DATE:	FEE:	RECEIPT NO.:

**V. OFFICE USE ONLY**

PROPOSED ADDRESS:	
RELATED APPLICATION NOS:	
ADDRESS ASSIGNMENT EFFECTIVE DATE:	PLANNER:



## INDEMNIFICATION AFFIDAVIT

Planning Services, 7000 Bollinger Canyon Road, San Ramon, CA 94583  
 Telephone: 925.973.2560 Fax: 925.830.0100 Web: [www.sanramon.ca.gov](http://www.sanramon.ca.gov)

### PROJECT INFORMATION

PROJECT NAME:
STREET ADDRESS/LOCATION:
ASSESSOR'S PARCEL NUMBER(S):

### INDEMNIFICATION AGREEMENT

I (including any assignee or successor-in-interest) shall defend, indemnify, and hold harmless the City of San Ramon (City) and its agents, elected officials, officers, and employees from any claim, action or proceeding against the City or its agents, elected officials, officers, and employees to attack, set aside, void or annul any part of the City's approval of the Applicant's project. The City will promptly notify the Applicant of any such claim, action or proceeding, and cooperate in the defense. I shall provide the City with independent legal counsel of City's reasonable choosing to defend any lawsuit or claim brought by third persons regarding City's approval of the Applicant's project, and Applicant shall bear the entire reasonable cost of City's defense.

PROPERTY OWNER/ AUTHORIZED AGENT SIGNATURE :		DATE:	
PROPERTY OWNER/AGENT NAME:	STREET ADDRESS:	CITY / STATE / ZIP:	
PROPERTY OWNER/AGENT TITLE:	BUSINESS PHONE: (       )	EMAIL:	
APPLICANT OTHER THAN PROPERTY OWNER SIGNATURE :		DATE:	
APPLICANT/AGENT NAME:	STREET ADDRESS:	CITY / STATE / ZIP:	
APPLICANT/AGENT TITLE:	BUSINESS PHONE: (       )	EMAIL:	

### FOR CITY USE ONLY

RECEIVED BY:	DATE RECEIVED:	ASSOCIATED PROJECT NOS.	PLANNER ASSIGNED:
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**AFTER RECORDING, MAIL TO:**

**City of San Ramon  
Planning Services Division  
7000 Bollinger Canyon Road  
San Ramon, CA 94583**

Affected APN:

No fee for recording pursuant to  
Government Code §27383

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**DEED RESTRICTION  
CONCERNING JUNIOR ACCESSORY DWELLING UNIT (JADU)**

ADDRESS:

ASSESSOR'S PARCEL NUMBER:

OWNERS:

LEGAL DESCRIPTION: (insert legal description of the property)

I/We, \_\_\_\_\_, as legal owner(s) of the above described property do hereby agree to and covenant to record the following Deed Restriction:

- a. Short-term rentals (30 consecutive days or less) shall be prohibited within the proposed Junior Accessory Dwelling Unit in compliance with California Government Code Section 65852.2, as amended.
- b. Sale of the Junior Accessory Dwelling Unit separate from the sale of the single-family residence shall be prohibited.
- c. The Junior Accessory Dwelling Unit shall be restricted to the size and attributes in conformance with California Government Code Section 65852.22, as amended.
- d. This Deed Restriction may be enforced against future purchasers.
- e. Failure to comply with these requirements may result in legal action by the City.
- f. This Deed Restriction may not be removed without prior permission from the City of San Ramon.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date



STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_

personally appeared \_\_\_\_\_

\_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature \_\_\_\_\_

Signature of Notary Public

Place Notary Seal Above

**AFTER RECORDING, MAIL TO:**  
**City of San Ramon**  
**Planning Services Division**  
**7000 Bollinger Canyon Road**  
**San Ramon, CA 94583**

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Affected APN:  
No fee for recording pursuant to  
Government Code §27383

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**DEED RESTRICTION  
CONCERNING ACCESSORY DWELLING UNIT (ADU)**

ADDRESS:

ASSESSOR'S PARCEL NUMBER:

OWNERS:

LEGAL DESCRIPTION: (insert legal description of the property)

I/We, \_\_\_\_\_, as legal owner(s) of the above described property do hereby agree to and covenant to record the following Deed Restriction:

- a. Short-term rentals (30 consecutive days or less) shall be prohibited within the proposed Accessory Dwelling Unit in compliance with California Government Code Section 65852.2, as amended.
- b. Failure to comply with this requirement may result in legal action by the City.
- c. This Deed Restriction may not be removed without prior permission from the City of San Ramon.

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner

\_\_\_\_\_  
Date

STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_

personally appeared \_\_\_\_\_

\_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature \_\_\_\_\_

Signature of Notary Public

Place Notary Seal Above