Accessory Dwelling Unit Survey

Your cooperation in completing this brief questionnaire will help the City in addressing its housing needs.

1. What is the intended use of the accessory unit?
   [ ] Full-time occupancy by a family member or friend
   [ ] Full-time occupancy by a household employee
   [ ] Occasional use by guests
   [ ] Rental to tenants
   [ ] Other ______________________________________________

2. How many persons will typically occupy the unit? _____

3. Will any monetary rent be charged? ______ If yes, expected monthly rent: $________

Thank you for your help.

(for City use)

Date approved: ________________

Square footage: ________________

No. of Bedrooms: ________________