



City of Colton
Development Services Department
659 North La Cadena Drive, Colton, CA 92324

Planning Division (909)370-5538 | Building Division (909)370-5579
 Website: <https://www.ci.colton.ca.us/160/Development-Services>

ACCESSORY DWELLING UNIT PLANNING APPLICATION

PROJECT INFORMATION

Primary Home Address: _____

ADU Temporary Address: _____

APPLICANT			PROPERTY OWNER(S)		
Name:			Name(s):		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:			Phone:		

TYPE OF ACCESSORY DWELLING UNIT AND/OR JADU PROPOSED

- | | |
|--|--|
| <input type="checkbox"/> New attached | <input type="checkbox"/> New detached |
| <input type="checkbox"/> Conversion/Rebuild Living Area* | <input type="checkbox"/> Conversion/Rebuild Accessory Structure* |
| <input type="checkbox"/> JADU* | |

**Submit copies of building permits for the existing structure to be converted/rebuilt*

PROJECT DETAILS FOR THE ACCESSORY DWELLING UNIT		
Lot size:	Number of Bedrooms:	Number of Bathrooms:
Square footage of Main Dwelling:	Square footage of ADU or JADU:	
Required ADU parking spaces provided:	Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will the unit be rented as affordable?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Approximate Rent: \$
Does the primary residence have fire sprinklers? <i>(Building inspector to field verify at time of inspection)</i>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Zoning:	Number of Existing Units:	
New utilities and address proposed for ADU ONLY (Select all that apply):		
<input type="checkbox"/> New Water Meter <input type="checkbox"/> New Gas Meter <input type="checkbox"/> New Electric Meter <input type="checkbox"/> New Sewer Line		
<input type="checkbox"/> New Address for ADU (Required)		
<i>Note: No separate utilities allowed for the JADU</i>		

I certify that I am the owner of this property, and I have read the requirements of Section 18.48.150 of Title 18 of the Municipal Code. I also certify that the information I have given is correct and that I comply with, and will continue to comply with, all of the City's requirements for Accessory Dwelling Units. I certify and declare under penalty of perjury under the laws of the State of California that the above answers are true and complete to the best of my knowledge.

Property Owner's Signature: _____ Date: _____

March 2021



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**ACCESSORY DWELLING UNIT AGREEMENT TO TOLL THE
 60-DAY REVIEW PERIOD**

The undersigned hereby certify that _____
 is/are the owner(s) of the hereinafter described real property located at _____
 _____ in the City of Colton, San Bernardino County, State
 of California (“The Property”).

We/I have applied for approval from the City of Colton (hereinafter “City”) to construct an accessory dwelling unit (the “Accessory Dwelling Unit” or “ADU”), or junior accessory dwelling unit (the “Junior Accessory Dwelling Unit” or “JADU”) on the Property. The plan check process for ADUs and JADUs is a 60-day period from the date a complete plan check application is submitted to the Building Division, to the date permits are issued. ADU plan check reviews, which are not acted upon by the City within the 60-day period, will automatically be approved.

When submitted plans do not meet applicable code standards, the City of Colton gives applicants the opportunity to make the noted corrections. Once all corrections are made, the applicant must resubmit the corrected set of plans to ensure code compliance.

We/I have agreed to toll the 60-day review period required by the State of California, while the plans are in our/my possession. It is our/my responsibility to ensure all necessary corrections to the plans are made, and resubmitted to the Building Division within two (2) weeks of our receipt of the plans. The City will not be subject to the 60-day review period unless the plans are physically in their possession. We/I understand that failure to sign this agreement, and/or failure to meet the resubmittal timeline will result in the denial of our/my application.

APPLICANT(S) SIGNATURE(S)

Name: _____

By: _____

Date: _____

Title: _____

Name: _____

By: _____

Date: _____

Title: _____