



ACCESSORY DWELLING UNIT APPLICATION

Community Development Department – Planning Division

125 East College Street • Covina, California 91723 • (626) 384-5450 / Fax: (626) 384-5479

FILING REQUIREMENTS AND INSTRUCTIONS FOR ACCESSORY DWELLING UNIT APPLICATION

In order for this application to be processed without delay, the application must include all of the following materials. To ensure that your application package is complete, please check-off boxes next to the required application materials before submitting to the Planning Division.

- Complete this application form
- Filing Fee \$ 837.00 *(New Fee Schedule effective 7/1/25)*
- Copy of updated Deed or Title Report showing new property owners
- Site Plan, Floor Plan, and Elevations (see options below)

Option 1: File in person at the Planning Division Counter (2 SETS OF PLANS IN ADDITION TO ABOVE ITEMS)

Two sets of complete plans (site plan, floor plan, and elevations) of the accessory dwelling unit on 24"x36" sized paper & 1 Electronic Version on Flash Drive

SITE PLAN (2 Copies) The site plan shall be drawn neatly and indicate proposed and existing structures, driveway(s), building separations, setbacks, easements, public street(s), parking, aerial image showing within a ½ mile of public transit, including transit stations and bus stations, if applicable. The site plan must show all dimensions of the subject parcel and structures, and shall be submitted on paper 24" x 36"

FLOOR PLAN (2 Copies) Provide a fully dimensioned floor plan indicating the use of each room, including the location of the kitchen and laundry facilities.

ELEVATIONS (2 Copies) Provide elevations of all sides of the proposed unit. If the dwelling is a modular or panelized unit, you must submit construction plans and drawings with the application.

Option 2: Email submittal package to Planning-Submittal@Covinaca.gov (1 SET OF PLANS IN ADDITION TO ABOVE ITEMS)

Files smaller than 10MB are acceptable as PDF attachments. Larger files must be sent via google link, dropbox link, or similar service. **Embedded google links can crash our server and will be ignored/deleted.**

Be advised: Approval/Clearance from the Planning Division is not a permit. However, an Approval/Clearance is required for Building Plan Check. The Building & Safety Division will reject submittals that do not possess a Planning Approval/Clearance. The Planning Division submittal requirements are less than that of a building plan check submittal. View the ADU FAQs page for more information on what to expect throughout the ADU approval and permitting process.

APPLICANT INFORMATION	
Project Title:	STAFF ONLY ADU _____ - _____ CASE PLANNER: _____
Project Address:	
Assessor's Parcel Number (APN):	
Applicant Name:	
Applicant Phone:	Applicant email:
Applicant Address:	
Property Owner Name <i>(leave blank if same as applicant)</i> :	
Property Owner Address:	
Property Owner phone & e-mail:	cc in correspondence? Y N
Property Characteristics	

Single Family **Multi Family**

Type of Accessory Dwelling Unit

ADU

JADU
 I have read the ADU Checklist and understand and agree that owner occupancy of the JADU or the primary dwelling is required, unless the owner is a government agency, land trust, or housing organization.

Proposed Unit

New Attached _____ SF ADU New Detached _____ SF ADU

Conversion of existing _____ SF habitable space to ___ADU/___JADU

Conversion of existing _____ SF habitable space with addition of _____ SF to ADU

2nd story addition within allowable building envelope of _____ SF to ADU

Conversion of existing _____ SF Garage to ___ADU/___JADU

Conversion of existing _____ SF Garage with an addition of _____ SF to ADU

Proposed total ADU Size: _____ SF Existing dwelling size: _____ SF

Parking

Are on-site parking accommodations proposed? Yes No
 If no, confirm the below:

ADU is located within one-half mile of public transit, including transit stations and bus stations. Measurement is real walking distance and is not measured "as the crow flies" from the project site.

PROPERTY OWNER CERTIFICATION

I CERTIFY THAT I AM THE LEGAL PROPERTY OWNER OF THE ABOVE LISTED PROPERTY AND THAT THE INFORMATION CONTAINED IN THE ACCESSORY DWELLING UNIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
 Date: _____ Owner Signature: _____
 Print Name and Title: _____

I CERTIFY THAT I AM THE LEGAL REPRESENTATIVE OF THE PROPTERY OWNER AND THAT THE INFORMATION CONTAINED IN THE ACCESSORY DWELLING UNIT APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
 Date: _____ Applicant Signature: _____
 Print Name and Title: _____

STAFF USE ONLY			
Date Received:	Received by:	Fees:	Receipt No:



ACCESSORY DWELLING UNIT SURVEY

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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 cash rent be charged? _____ If yes, expected monthly rent: \$_____

Thank you for your help.

(City use)

Date approved: _____

Square footage: _____

No. of Bedrooms: _____