



[Empty rectangular box with double border]



City of Corning, Planning Department  
794 Third Street  
Corning CA, 96021

**APPLICATION FOR  
ACCESSORY DWELLING UNIT PERMIT**

**Applicant Information**

Applicant		Daytime Phone	
Street Address			
City	State	Zip	

Property Owner		Daytime Phone	
Address			
City	State	Zip	

Architect		Daytime Phone	
Address			
City	State	Zip	

**Project Information**

Property Address/Location	
Assessor's Parcel No(s)	Parcel Size
Main Dwelling Size / Stories	Second Unit Size / Stories
Existing Land Use	Second Unit No. of Bedrooms
Present Zoning	Present General Plan Designation

**Required Signature**

I hereby certify that this application and all other documents submitted are true and correct to the best of my knowledge and belief. I also certify that I am the owner of the above property or have attached the owner's written consent to file this application. I understand that verification of property ownership or interests in the property or application may be required. (Before signing, see the information on page 2 of this application.)

Applicant's Signature	Date
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**For Office Use Only**

Application Received By	Receipt No.
Date	Application Fee \$