



CITY OF HIGHLAND

Planning Division
27215 Base Line
Highland, CA 92346
(909) 864-6861
planning@cityofhighland.org

ACCESSORY DWELLING UNIT (ADU) & JUNIOR ACCESSORY DWELLING UNIT (JADU) APPLICATION

FEE: \$ 0 (Building Plan Check and Permit required, see Building and Safety for current fees)

Prior to submittal for review, it is advised that the applicant review the requested proposal with the Planning Division in order to review Ordinance 471 requirements. In completing this form, please be accurate and complete. If you have any questions or require assistance, contact the Planning Division.

Please Note: Prior to preparing plans or submitting an application for an ADU or JADU, applicants should verify whether the subject property meets either of the following conditions, which may restrict approval:

- Located within a **Very High Fire Hazard Severity Zone** ([Fire Hazard Severity Zones](#))
- **Not connected to public sewer** and served by an underground septic system (Contact [EastValleyWaterDistrict](#))

Please contact the **Planning Division** to confirm whether your property is subject to these limitations **before investing in design or plan preparation** by calling 909-864-6861 or by emailing planning@cityofhighland.org.

Checklist

1. **One (1) copy** of a Accessory Dwelling Unit Application Form
2. **One (1) print** of a site plan, floor plan and elevations (full construction details are not needed at this step).
3. **One (1) copy (applies to JADUs only)** of a recorded grant deed for the parcel.

To submit this application and attachments online please visit the [City of Highland Planning Application Portal](#).

**ACCESSORY DWELLING UNIT (ADU) &
JUNIOR ACCESSORY DWELLING UNIT (JADU)
APPLICATION**

1. APPLICANT: _____ PHONE #: _____

2. MAILING ADDRESS: _____

3. SITE ADDRESS AND PARCEL NO.: _____

4. EMAIL ADDRESS: _____

5. TYPE OF ADU (select one):

NEW ATTACHED NEW DETACHED JUNIOR GARAGE CONVERSION

6. SQUARE FOOTAGE OF ADU: _____ HEIGHT: _____ NUMBER OF BEDROOMS: _____

7. LOT SIZE: _____

8. EXISTING HOME SQ. FT.: _____ EXISTING GARAGE SQ. FT.: _____

Signature: I certify; under penalty of perjury that the foregoing is true and correct.

I understand that my Permit may be voided for non-compliance with the conditions set forth in the approval for this Accessory Dwelling Unit/Junior Accessory Dwelling Unit application.

Applicant Signature

Date

(For Office Use Only)

FILE NO.: _____

REVIEWED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____