

**CITY OF SAN JOSE PERMIT CENTER
SECOND UNIT REVIEW WORKSHEET**

PROCESS: Applicant fills out this form and submits to Planning Counter for signoff prior to submitting building permit application (no fee required). Building Division sends Planning a plan set for Plan Conformance Review prior to issuing a building permit.

FILE NO. : ____ - ____ **ADDRESS:** _____

ZONING: _____ **APN** _____ **GENERAL PLAN:** _____

	Secondary Unit Requirements	Y/ N	Comment/ Revision
Applicable Zoning	All R-1 Districts and PD Districts with R-1 standards		
Minimum Lot Size	Attached unit - 6,000 sq. ft. Detached unit – 8,000 sq. ft.		
Maximum Unit Size	≤ 9,000 sq.ft. lot 600 sq.ft. 9,001 to 10,000 lot 650 sq.ft. ≥10,000 lot 700 sq.ft.		
Bedrooms-- No. and Size	One bedroom required and maximum allowed. (max. 400 sf size)		
Storage	60 sq. ft. maximum		
Required Parking	One space (outside front and side setbacks)		
Setbacks Attached Unit	Same as primary dwelling. Reduction of rear setback from 20 to 15 feet for single-story unit may be applied.		
Setbacks Detached Unit	Same as primary dwelling except that façade of secondary unit must be set behind that of primary residence. Units must be separated from any other structure by 6 feet. Reduction of rear setback from 20 to 15 feet for single-story unit may be applied.		
Height	18 feet maximum and 14 feet average		
Design Criteria	Exterior materials and roof pitch to match existing house. Front door cannot be on same façade as that of primary residence. Windows cannot have views interior or backyard of the adjacent residence.		
Ownership	Property owner must verify that he/she occupies existing house at the time of permit application and finalization. (submit copy of tax bill verifying the homeowner's exemption)		
Detached Garage	Secondary unit can be attached to detached garage if both conform to setbacks required of secondary unit		
Easements	Are there any easements on this parcel? Please provide the legal description or the tract map to verify that there are no easements.		

FOR STAFF USE			
Review	PBCE Staff	Date(s)	Comments
Planner Sign off: (Planning Staff)			Planner Signature _____ Date: _____
			OK to issue
Owner/Agent Signature:			Owner/Agent Signature: _____ date: _____