

# AB 2533 Eligibility & Application Questionnaire

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## Property & Applicant Information

Property Address: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Applicant Name (if different): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Year of Construction: \_\_\_\_\_

Type of Unit:  ADU  JADU

## Eligibility Questions

- Do you have evidence that the unit was constructed before January 1, 2020?  
Yes    No
- Does the application include an addition other than the area constructed prior to January 1, 2020?    Yes    No
- Is the unit currently occupied or habitable?    Yes    No
- Was the unit offered or rented out to any individual for less than 31 days (i.e. short-term rental, Air BnB)?    Yes    No
- Does the unit have its own independent exterior access?    Yes    No
- Does the unit include its own independent kitchen (cooking facilities and sink)?  
Yes    No
- Does the unit include its own independent bathroom (toilet, sink, and shower), or have access to the attached primary unit's bathroom through the interior connection if application is for a JADU?    Yes    No

- Are there visible structural or safety hazards (wiring, plumbing, access)?    Yes    No
- Are working Smoke and CO detectors present?    Yes    No

To be eligible documentation will need to be submitted showing proof that the ADU or JADU was constructed/converted before January 1, 2020. The construction/conversion date may be established with one or more of the following forms of documentation:

The County Assessor’s initial date recognizing the unpermitted dwelling unit

Escrow documents identifying the unit and the year of construction

Prior official Building, Planning, or Code Enforcement records of the unit

Real estate transfer disclosure forms for unpermitted unit

Other documents will be considered on a case by case basis

### Submittal Requirements

- Planning Division Covenant Obtained and Recorded
- Site Plan showing location, size and setbacks of unit
- Floor Plan showing layout of unit, all spaces to be labeled
- Photos of all sides of the unit
- Proof constructed before January 1, 2020
- Completed Substandard Housing Inspection Checklist
- Pay application fee of \$1,854.86 (comprising of a review fee of \$1,798.08 and a permit issuance fee of \$56.78) Once paid this fee is non-refundable

### Inspection Requirements

A Substandard Housing Inspection Checklist will need to be completed by either a California Licensed General Contractor (B License), a California Licensed Architect, or a California Licensed Engineer. If violation(s) are found plans will need to be submitted and permits pulled to correct the violation(s).

Note: Before submittal the homeowner may obtain a confidential third-party code inspection from a licensed contractor to determine the unit’s existing condition or potential scope of building improvements before submitting an application for a permit.

**Owner Declaration**

I declare under penalty of perjury that the information provided above is true and accurate.  
I understand that providing false information may result in denial of the application.

Owner Name: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Substandard Housing Inspection Checklist

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Based on California HSC §17920.3,

When the California Licensed General Contractor (B License), California Licensed Architect, or the California Licensed Engineer answers the below questions they shall indicate compliance to the California State Housing law

## Smoke Alarms

Inspection Item	Compliant	Violation	Notes
Working and installed in every sleeping room	<input type="checkbox"/>	<input type="checkbox"/>	
Installed outside each sleeping area (hallways)	<input type="checkbox"/>	<input type="checkbox"/>	
Installed on every level of the dwelling (incl. basement)	<input type="checkbox"/>	<input type="checkbox"/>	

## Carbon Monoxide Alarms

Inspection Item	Compliant	Violation	Notes
Installed near sleeping areas, on every level, and in bedrooms with fireplaces	<input type="checkbox"/>	<input type="checkbox"/>	
Installed when home has an attached garage or fuel-burning appliance	<input type="checkbox"/>	<input type="checkbox"/>	

## Emergency Egress (Bedrooms)

Inspection Item	Compliant	Violation	Notes
Emergency window in each sleeping room	<input type="checkbox"/>	<input type="checkbox"/>	

Min. clear opening: 20" wide & 24" high	<input type="checkbox"/>	<input type="checkbox"/>	
Min. net opening: 5.7 sq. ft. (5 sq. ft. if ground floor)	<input type="checkbox"/>	<input type="checkbox"/>	
Bottom of opening max 44" from floor	<input type="checkbox"/>	<input type="checkbox"/>	
No obstructions (e.g., bars, grilles) impeding egress	<input type="checkbox"/>	<input type="checkbox"/>	

### Sanitation & Facilities

Inspection Item	Compliant	Violation	Notes
Proper toilet, lavatory, and tub/shower	<input type="checkbox"/>	<input type="checkbox"/>	
Proper kitchen sink	<input type="checkbox"/>	<input type="checkbox"/>	
Hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent heating (no portable plug-in heaters)	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation systems work properly	<input type="checkbox"/>	<input type="checkbox"/>	
Natural light: ≥8%, Ventilation: ≥4% of floor area	<input type="checkbox"/>	<input type="checkbox"/>	
Rooms ≥70 sq. ft. and ≥7 ft. wide (excl. kitchens)	<input type="checkbox"/>	<input type="checkbox"/>	
Required electrical lighting provided	<input type="checkbox"/>	<input type="checkbox"/>	
No signs of dampness	<input type="checkbox"/>	<input type="checkbox"/>	
No insect/vermin/rodent infestation	<input type="checkbox"/>	<input type="checkbox"/>	

No significant mold (minor surface mold exempt)	<input type="checkbox"/>	<input type="checkbox"/>	
No general dilapidation/improper maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Connected to sewage disposal system	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate garbage/rubbish storage & removal	<input type="checkbox"/>	<input type="checkbox"/>	

### Structural Integrity

Inspection Item	Compliant	Violation	Notes
Foundation adequate	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate floor/floor supports	<input type="checkbox"/>	<input type="checkbox"/>	
Floors support imposed loads safely	<input type="checkbox"/>	<input type="checkbox"/>	
No defective/deteriorated leaning vertical supports	<input type="checkbox"/>	<input type="checkbox"/>	
Vertical supports sized to carry loads	<input type="checkbox"/>	<input type="checkbox"/>	
No sagging/deteriorated horizontal supports	<input type="checkbox"/>	<input type="checkbox"/>	
Horizontal members sized to carry loads	<input type="checkbox"/>	<input type="checkbox"/>	
No damaged or weakened fireplaces/chimneys	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplaces/chimneys sized/constructed safely	<input type="checkbox"/>	<input type="checkbox"/>	

### Other Conditions

Inspection Item	Compliant	Violation	Notes
All wiring safe, in working condition	<input type="checkbox"/>	<input type="checkbox"/>	
All plumbing in safe, working condition	<input type="checkbox"/>	<input type="checkbox"/>	
All mechanical equipment maintained safely	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive junk, debris, stagnant water, etc.	<input type="checkbox"/>	<input type="checkbox"/>	

Below to be Completed by the California Licensed General Contractor (B License), the California Licensed Architect, or the California Licensed Engineer

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Check which applies:

Licensed General Contractor     Licensed Architect     Licensed Engineer

Phone number: \_\_\_\_\_ License Number: \_\_\_\_\_

By signing below I attest that my license is in good standing with the State of California License Board and have verified that the unit located at the address of \_\_\_\_\_ was found to be in compliance with California Health and Safety standards HSC §17920.3. and the unit is not in a substandard condition

Signature: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

