CITY OF FOSTER CITY

COMMUNITY DEVELOPMENT DEPARTMENT BUILDING DIVISON 610 FOSTER CITY BLVD FOSTER CITY, CA 94404 (650)286-3227



DATE:	
PERMIT NUMBER:	
RECEIVED BY:	

PRE-REVIEWED ADU APPLICATION

(PRE-APPROVAL PHASE)

PROJECT INFORMATION (Mandatory)

Project Address:		
Project Valuation:		
Scope of Work:		
PROJECT CONTACT INFORMATION (Mandatory)		
Property Owner's Name:		
Mailing Address:		
Email Address:		
Property Management/Tenant Name:		
Applicant/ Authorized Agent's Name:		
Email Address:	Phone:	
ARCHITECT ENGINEER DESIGNER		
Name: Company Name:		
License# Mailing Address:		
Email Address:	Phone:	
AGREEMENTS (Mandatory)		
I understand that pre-review of my ADU plans does not constitute an endorsem business services by the City of Foster City	nent or recommendation of my design or my	
☐ I understand that, should my ADU plans be pre-reviewed, a valid building permit is still required in order to construct my ADU within the City of Foster City		
☐ I Understand that all pre-reviewed ADU plans are listed publicly on the City of Foster City's webpage. I give the City of Foster City permission to share my contact information (name, email, phone, and webpage).		
☐ I understand that, should my ADU plan be pre-approved, any amendments or new code adoption would void the approval and plans will be required to be submitted for re-review		
I certify under penalty of perjury that I have read this application and state that the information is true and correct. I agree to comply with all local ordinances and the information is true and correct. I agree to comply with all local ordinances and the State laws relating to Building Construction and I make this statement under penalty of law. I hereby authorize representatives of this City/County to enter on the above-mentioned property for inspection purposes.		
Name (Licensed Contractor/Authorized Agent) Signature	Date	