CAYUCOS SANITARY DISTRICT

200 Ash Ave
P.O. Box 333, Cayucos, California 93430-0333
805-995-3290

GOVERNING BOARD
R. Enns, President
H. Fones, Vice-President
S. Lyon, Director
M. Foster, Director
D. Chivens, Director

APPLICATION FOR EXEMPTION OF SECOND UNIT
OWNER CERTIFICATION FORM

Date: _____
Owner Name: _____ Service Address:_____
Mailing Address:_____ Assessor's Parcel Number: 064- _____-_____
_____ Phone Number: ( )_____

Type of unit (please check all that apply): __ guesthouse __studio __workshop __ granny unit
__caretaker residence __ other _____

		YES	NO
1.	What is the size of the unit? _____ square feet		
2.	What is the distance of the unit from the principal (primary) residence? _____ feet		
3.	What is the number of bathrooms? ____		
4.	What is the number of bedrooms? ____		
5.	Does the unit contain cooking facilities?	☐	☐
	If yes, please answer the following:		
	Is there an oven?	☐	☐
	Is there a range?	☐	☐
	Is there 240v electric service?	☐	☐
	Is there gas service?	☐	☐
6.	Is there a microwave?		
7.	Is the sink single ____ or double ____ compartment?		
8.	Is there a refrigerator?	☐	☐
	If yes, is the refrigerator an under-counter model?		
9.	Does the unit have separate metered service?	☐	☐
	If yes, please check all that apply:		
	☐ Electricity	☐	☐
	☐ Gas	☐	☐
	☐ Water	☐	☐
10.	Does the unit have its own laundry facilities?	☐	☐
11.	Is the unit used for residential occupancy independent from the principal (primary) residence on a rental basis?	☐	☐
12.	Aside from this unit and the principal (primary) residence, is there another secondary dwelling unit located onsite?	☐	☐

13. Is there any other information that you would like us to consider in evaluating this form? If so, please respond in the area provided. If you would like to clarify any of your answers to the above questions, please identify the number of question with your response.

_____
_____
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_____

LEGAL DECLARATION:
I, the owner of record of this property, acknowledge that I have completed this form accurately and declare that all information provided herein is true. I understand that if I make statements that are later determined to be false, I will be held liable for sewer user fees back to the date of exemption, should my application be approved by the Cayucos Sanitary District.

Property owner name (printed)_____

Property owner signature_____ Date_____

Any questions, please call (805) 995-3290. Please return your completed application to: Cayucos Sanitary District, P.O. Box 333 (200 Ash Ave.), Cayucos, CA 93430. You will be notified by mail as to the determination of your application for exemption of second unit.

For Office Use Only:
Date application received: _____
Was application complete, as filed? ____ yes ____ no
If "no", date application returned to customer: _____
Customer resubmit date: _____
Exemption ___ approved ___ denied # Unit (EDUs)____

By: _____
District Manager
Reason(s) for denial: _____
_____
_____
_____
Exemption granted as of ____-____-201__