CITY OF ORLANDO

Accessory Dwelling Unit Incentive Program Application

Applicant name: _____

Address: _____

Phone number: _____ Email address: _____

Parcel ID: _____ Total lot size: _____

Total square footage of the ADU: _____ Zoning for location: _____

Construction company name: _____

Is the ADU attached or detached from the primary residence? _____

Did you utilize pre-designed plans from the City of Orlando for your ADU? _____

Eligibility

Lessee's income level (Area Median Income) _____

Are there code enforcement liens of $5,000 or more on the property? ☐ Yes ☐ No

Are there special assessment liens $2,500 or more on the property? ☐ Yes ☐ No

Is the property pending judgment or foreclosure? ☐ Yes ☐ No

Are there any unpaid taxes on the property? ☐ Yes ☐ No

Does the property have unpaid insurance? ☐ Yes ☐ No

Building Permit Fee Rebate

Master building permit #: _____ Building permit fee amount: _____

Impact Fee Rebate

Parks impact fee amount: _____ Transportation impact fee amount: _____

Sewer impact fee amount: _____

Build Out Rebate

Total construction cost of ADU: _____

Total cost of required site improvements or engineering: _____

Documentation Checklist

- ☐ Certificate of occupancy
- ☐ Completed permits
- ☐ Invoice(s) for construction costs
- ☐ Invoice(s) for site improvements
- ☐ Invoice(s) for design/architectural work
- ☐ Copy of lease
- ☐ Income documentation of lessee
- ☐ Age documentation for senior lessee

Applicant Certification

By signing below, I certify that all information provided in this application and in the accompanying documentation is true, accurate, and complete to the best of my knowledge. I further acknowledge that I have read and understand the City of Orlando Accessory Dwelling Unit Incentive Program Guidelines, and I agree to comply with all requirements of the Program.

I understand that the City of Orlando will rely on the information provided in this application to determine eligibility for, and the amount of, any rebate awarded under the Program. Should any information be found to be false, misleading, or incomplete, or should the requirements of the Program Guidelines not be met, the City reserves the right to deny this application, withhold payment, and require repayment of any rebate funds previously disbursed.

Applicant signature: _____ Date: _____

Printed name: _____