Department of Community Development
Planning Division
1110 West Capitol Avenue
West Sacramento, CA 95691
(916) 617-4645
www.cityofwestsacramento.org

TINY HOME ON WHEELS (THoW)

ADMINISTRATIVE APPROVAL APPLICATION FORM

Project Street Address: _____	**Assessor's Parcel Number (APN):** _____
Parcel Zoning Designation: _____	**Parcel Size (sq ft):** _____
Property Owner Name: _____	**Project Applicant Name:** _____
Property Owner Email: _____	**Project Applicant Email:** _____
Property Owner Phone: _____	**Project Applicant Phone:** _____

LAND USE INFORMATION

Unit Type	Existing Number	Proposed Number
Primary Dwelling Unit		
Accessory Dwelling Unit		

REQUIRED SUBMITTAL DOCUMENTS

Completed Administrative Approval and Checklist ☐	Property Site Plan (including setbacks from property lines and other structures) ☐	Proposed Site Plan with THoW (including setbacks from property lines and other structures) ☐
Manufacturer Specifications ☐	Documented compliance with California Health and Safety Code 18027.3 (i.e., ANSI 119.5 and NFPA 1192) ☐	Building Permit Application Forms for Electrical and Plumbing Permit ☐

TINY HOME ON WHEELS CHECKLIST

		YES	NO
1.	Will the THoW be connected to the City water and sewer systems or on an approved well and/or septic system where City services are not available?	☐	☐
2.	Will the maximum of the unit be no more than 399 square feet?	☐	☐
3.	Will you obtain a separate address for the THoW?	☐	☐
4.	Will the THoW comply with standards set forth in California Health and Safety Code 18027.3 (i.e., ANSI 119.5 and NFPA 1192)? *If so, please provide evidence of compliance with this standard as a separate document along with this application.*	☐	☐
5.	Is the THoW a one-story structure?	☐	☐
6.	Will the THoW's undercarriage, including wheels, axles, tongue, and hitch, be concealed from view from adjacent grade level streets and adjacent residentially zoned properties?	☐	☐
7.	Will the THoW have a minimum of two means of egress, one of which shall be the main entrance and one of which shall be in each sleeping area?	☐	☐
8.	Will the THoW resemble conventional residential structure rather than a recreational vehicle?	☐	☐
9.	Will the THoW incorporate an electrical subpanel and connected to the power grid. *Building permits will be required.*	☐	☐
10.	Will all mechanical equipment be incorporated onto the structure other than solar energy panels or collectors.	☐	☐
11.	Will the THoW shall be tied down with anchors or otherwise stabilized as designed by the manufacturer?	☐	☐
12.	Will the THoW be constructed to withstand minimum wind loads for the proposed parking location?	☐	☐
13.	Will the wheels be skirted or removed and shall sit with leveling or support jacks on a paved durable surface designed in accordance with the West Sacramento Municipal Code?	☐	☐
14.	Will an all-weather surface pedestrian path from the street frontage to the main entrance of the tiny homes on wheels be provided?	☐	☐
15.	Will paved parking space(s) be provided on-site according to the West Sacramento Municipal Code?	☐	☐
16.	Does the THoW meet development standards (i.e. setbacks, height limitations, etc.) for the residential zone?	☐	☐

Statement of Justification

If you answered "NO" to any of the above questions, please provide your justification:

_____

_____

_____

_____

OWNER'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

a) The undersigned is the owner/applicant of the property that is the subject of this application.
b) The information presented is true and correct to the best of my knowledge.
c) I acknowledge that additional information or applications may be required prior to a decision on this application.

Signature	Date	Name (Printed)
Relationship to Project (i.e. Owner, Architect, etc.)	Phone	Email

APPLICANT'S AFFIDAVIT

Under penalty of perjury the following declarations are made:

a) The undersigned is the owner or authorized agent of the owner of this property.
b) The information presented is true and correct to the best of my knowledge.
c) I acknowledge that additional information or applications may be required prior to a decision on this application.
d) I hereby authorize City of West Sacramento Planning staff to conduct a site visit of this property as part of the City's review of this application, making all portions of the interior and exterior accessible through completion of construction and in response to the monitoring of any condition of approval.

Signature	Date	Name (Printed)
Relationship to Project (i.e. Owner, Architect, etc.)	Phone	Email

For Department Use Only

Planner:	Date Received:	Project Number:	Fee Paid:
General Plan Designation:	Zoning:	Permits Plus File Number:	Work Order Number: