



# HOUSING DEVELOPMENT TRACKING P-20

Development Services

Planning Division  
1635 Faraday Avenue  
(442) 339-2610  
www.carlsbadca.gov

The following information is required by to the State of California to track new housing development for all income levels. Please complete this form to the best of your knowledge and submit prior to building permit issuance.

Project Name: \_\_\_\_\_ Tract/Permit No.: \_\_\_\_\_  
Project Address: \_\_\_\_\_ APN: \_\_\_\_\_

**Structure Description:**

- |  |  |
|--|--|
| <input type="checkbox"/> Single-Family       | <input type="checkbox"/> Accessory Dwelling Unit                           |
| <input type="checkbox"/> Single-Family + ADU | <input type="checkbox"/> Mobile Home (new spaces added)                    |
| <input type="checkbox"/> Two – Four Unit     | <input type="checkbox"/> Remodel/Reconstruction (new dwelling units added) |
| <input type="checkbox"/> 5 + Unit Structure  | <input type="checkbox"/> Commercial/Residential (mixed-use)                |

Project’s planned initial occupancy is for:  Rental occupant  Owner occupant

For single-family, do you intend to use this property as your personal residence?  Yes  No

If yes, please provide the estimated market value: \_\_\_\_\_

Will an affordable housing deed restriction be recorded on the property?  Yes  No

Which units in the project will be deed restricted? \_\_\_\_\_

**Please indicate the number of units for each bedroom type that will be provided and a price range. Individual responses will not be shared with outside parties.**

Number of units for sale	Bedrooms per unit	Price range (low and high)
	<b>Studios</b>	\$
	<b>1 bd</b>	\$
	<b>2 bd</b>	\$
	<b>3 bd</b>	\$
	<b>4 + bd</b>	\$
Number of units for rent	Bedrooms per unit	Rent range (low and high)
	<b>Studios</b>	\$
	<b>1 bd</b>	\$
	<b>2 bd</b>	\$
	<b>3 bd</b>	\$
	<b>4 + bd</b>	\$

OWNER(S): \_\_\_\_\_  
(Last, First, Middle Initial or Firm Name)

DEVELOPER(S): \_\_\_\_\_  
(Last, First, Middle Initial or Firm Name)

ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_