

FEE: \$150.00

APPLICATION #: _____

APPLICATION FOR SITE PLAN – ACCESSORY APARTMENT

PROPERTY OWNER'S NAME: _____ DATE: _____
(Please Print)

OWNER'S MAILING ADDRESS: _____ PHONE: _____

E-MAIL ADDRESS: _____

STREET ADDRESS OF HOUSE: _____

Zoning District: _____ Size of Lot: _____

Type of Sewage Disposal: _____ Type of Water Supply: _____

Sq. Footage of Accessory Apartment:** _____ Sq. Footage of Existing House:** _____

**** APPLICATION WILL NOT BE ACCEPTED WITHOUT THIS INFORMATION!**

THIS APPLICATION MUST BE ACCOMPANIED BY:

1. A notarized affidavit that the owner is an occupant of the dwelling.
2. A photograph of the dwelling, or if new construction, a front rendering.
3. 16 copies of a Zoning Location Survey showing the location of the proposed apartment. This requirement will be waived if the apartment will be within the existing home. **Any maps submitted with the application that are larger than 11" X 17" must be folded.**
4. \$150.00 application fee payable to "Town of Wallingford".
\$60.00 filing fee payable to "Wallingford Town Clerk".
5. A Floor Plan of the proposed apartment.

Applicant's Signature

*** FOR OFFICIAL USE:**

Date Application Submitted: _____ Application Fee Paid: _____ Filing Fee Paid: _____

Comments: _____

A F F I D A V I T

This is to certify that, I _____
(Please print name)

am the owner and an occupant
of property located at _____
(Please print address)

and that I continue to comply with all of the zoning regulations in place
when my accessory apartment was approved.

Signature

Subscribed and sworn to before me, this _____ day of _____, 20____

Notary Public

My Commission Expires: _____