

Land Use Agency  
3 Primrose Street  
Newtown, CT 06470  
203-270-4276



*Please obtain signatures  
from Building Department  
and Health District before  
submitting application.*

## ACCESSORY APARTMENT APPLICATION

Property address: \_\_\_\_\_

Applicant/Owner: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

*Initial to attest to the following criteria:*

\_\_\_\_\_ The accessory apartment shall have complete kitchen facilities.

\_\_\_\_\_ One off-street parking space is provided for the accessory apartment.

\_\_\_\_\_ The floor area of the accessory apartment is less than 1,000 square feet (minus areas less than five feet in ceiling height and staircases) OR 40% of the total floor area of the building, whichever is less.

Total floor area of primary dwelling: \_\_\_\_\_ sq. ft.  $\times .40 =$  \_\_\_\_\_ sq. ft.

\_\_\_\_\_ The primary dwelling and accessory apartment maintain the appearance of a single-family home.

\_\_\_\_\_ I have read and understand the Zoning Regulations regarding accessory apartments (§ 3.01.500-506).

\_\_\_\_\_ I have attached a survey showing all structures upon the site, the lot area, setback distances, well and septic area.

\_\_\_\_\_ I have attached floor plans for the proposed accessory apartment with dimensions, means of egress, and photographs of the building that is proposed for the apartment.

\_\_\_\_\_ I have attached a copy of the Assessor's Card for the lot.

**Building Inspector Sign-Off:** I have reviewed the plans for the proposed accessory apartment from a safety point of view and have no objection to the use. \_\_\_\_\_

**Sanitarian Sign-Off:** The water supply and waste disposal system for this lot is adequate for the single family dwelling and the proposed accessory apartment. \_\_\_\_\_

\_\_\_\_\_  
Zoning Enforcement Officer

\_\_\_\_\_  
\$30 Fee

\_\_\_\_\_  
Date