



Town of Preston
Planning and Zoning Commission
Zoning Permit Accessory Apartment

ZP Application # _____ Date Submitted _____ Amount Paid \$ _____ Check # _____

Zoning Permit Applications that need Planning and Zoning Commission Approval:

Section 16.6 Accessory Apartment

Your application shall include the basic Zoning Permit application (this page), supplemental information, and the signature page.

Please fill out this application completely. If the application is not properly completed with documentation submitted, as noted below, it will create unnecessary delays. Provide 8 copies of the plan with the application attached. In addition, provide the following:

- ____ 1. Fee of \$80.00 (\$20.00 Town application fee - \$60.00 State fee).
- ____ 2. Site/Plot Plan at an appropriate scale.
- ____ 3. Elevation drawings and floor plans of any proposed structures.
- ____ 4. Letter from the Department of Transportation for any work within a state highway right-of-way, as applicable.
- ____ 5. Copy of property deed on file in the Town Clerk's Office.
- ____ 6. Copies of approval letters from all applicable agencies, i.e. IWWC or ZBA as applicable.

ALL APPLICATIONS WILL REQUIRE A LEGAL NOTICE TO APPEAR IN THE PAPER AFTER THE COMMISSION TAKES ACTION. PLEASE NOTE THAT A PERMIT WILL NOT BE VALID UNTIL THE LEGAL NOTICE FEE IS PAID. THE AMOUNT OWED WILL BE NOTED IN YOUR ACTION LETTER FROM THE COMMISSION.

Name of applicant _____

Telephone () _____ Cell Phone () _____

Address of applicant _____ Email _____

Location of subject property _____

Owner of Property _____

Telephone () _____ Cell Phone () _____

Address of property owner _____ Email _____

Please provide description of the project, including site improvements, drainage improvements, buildings and uses. Please use additional sheets as necessary.

FOR TOWN USE:
 Date PZC Received _____ Request for Extension(s) date _____

Referral Date to Town Staff _____

Departments	Date comments are received:
Building Inspector	_____
Fire Marshal	_____
Zoning Enforcement Officer	_____
Uncas Health District	_____
IWWC	_____
CAC	_____
First Selectman	_____
Other _____	_____

Section 16.6 Accessory Apartments – additional information:

1. Will the accessory apartment be located within the existing residence or in an accessory structure?

2. Please provide the following square footages

a. Total square footage of the primary residence living space _____

b. Total square footage of the accessory residence living space _____

c. Percentage of living space for the accessory apartment (this is the number in letter b divided by number in letter a and multiplied by 100) _____

If the percentage of the accessory apartment exceeds 30%, please provide an explanation based on Section 16.6.2 f) of the Regulations. This cannot exceed 50% of the total living space.

3. Please provide elevation/facade drawing or photograph of the residence and the accessory apartment.

4. Please provide floor plan of the primary residence and accessory apartment prepared to scale. Please provide the sizes and dimensions of all rooms.

5. Please provide a plot plan showing the location of the residences, parking, septic system, well, utilities, and any other accessory buildings.

6. Please provide a notarized letter that the owner of the residence will occupy the residence, except for bona fide temporary absences.

7. The building plans will not be required to be submitted to the building inspector until this permit is approved; by signing this application, you agree to comply with all building, health codes, and fire codes and that any unauthorized revisions to the residence will be a violation of this permit. The Commission will not act on the plan until approval is granted by the town sanitarian for the well and septic system.

8. Please note the number of parking spaces _____. There shall be a minimum of two spaces for the primary residence and two for the accessory apartment. There shall be no on-street parking allowed.

Notarized Letter

Date:

To the Members of the Preston Planning and Zoning Commission:

In accordance with Section 16.6 of the Preston Zoning Regulations regarding accessory apartments:

I, _____, owner for property located at _____, Preston Connecticut attest that, as owner, I will occupy one of the residences at the subject property; thereby, having an owner occupied residence with accessory apartment, except during bona fide temporary absences. In the event the residence is not owner occupied, the residence shall be converted back to a single-family home.

Signature of Owner _____
Print Name _____ Date _____

Notarized:

Zoning Permit Application # _____



**Application
Signatures and
Permission to Access the Site**

All owners of the property must sign the application, unless the property is owned by a corporation, in which case a corporate resolution authorizing the **signatory to execute any documents required** to be submitted with the application shall be attached to the application.

By signing this application permission is hereby granted by all owners of the property to file the attached application and authorizes Town of Preston representatives to enter onto the property at any time during the application process or during construction of the project for inspections, and, if applicable, for other appropriate purposes.

Permits are not transferable unless the new property owner files all required permit transfer documents and/or applications which are available from the Town Planner.

Applicant _____ Date _____

(Please print name)

Owner _____ Date _____

(Please print name)

Owner _____ Date _____

(Please print name)

Owner _____ Date _____

(Please print name)

_____ Date _____

Notarized Letter

Date:

To the Members of the Preston Planning and Zoning Commission:

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I, _____, owner for property located at _____, Preston Connecticut attest that, as owner, I will occupy one of the residences at the subject property; thereby, having an owner occupied residence with accessory apartment, except during bona fide temporary absences. In the event the residence is not owner occupied, the residence shall be converted back to a single-family home.

Signature of Owner _____
Print Name _____ Date _____

Notarized:

Zoning Permit Application # _____



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Applicant _____ Date _____

(Please print name)

Owner _____ Date _____

(Please print name)

Owner _____ Date _____

(Please print name)

Owner _____ Date _____

(Please print name) Date _____

16.6 Accessory Apartments (approved 6/25/2019 effect 7/15/2019)

16.6.1 Accessory Apartments. The purpose of these provisions is to permit the use of a set of rooms in an existing or new single-family dwelling to be used as a separate living unit to:

- a) Provide independent living arrangements for in-laws, or other families that allow privacy.
- b) Provide homeowners with a means of obtaining rental income.
- c) Provide housing units for moderate-income individuals.
- d) Provide housing units for small households.

16.6.2 The Commission may permit an accessory apartment in an owner-occupied single-family dwelling, provided that the following standards and criteria are met:

- a) Only one (1) accessory apartment will be created on a lot.
- b) An existing accessory structure not part of the residence, such as a second story of a garage or barn, may be used for an accessory apartment provided the accessory structure was present on the property as of the effective date of this regulation on July 15, 2019. The accessory structure shall not have the appearance of a second residence.
- c) In the event the accessory apartment is constructed as part of new construction of a single family home, such residence shall have the appearance of a single family dwelling, i.e. side by side front door are not permitted.
- d) Any modifications to the exterior of an existing single family structure shall not change the single-family appearance of the residence
- e) The owner(s) of the residence in which an accessory apartment is created shall occupy at least one (1) of the dwelling units, except for bona fide temporary absences.
- f) The minimum floor area of an apartment shall be four hundred fifty (450) square feet and shall not exceed thirty percent (30%) of the total Living Space (as defined in Section 2 of these Regulations) of the primary residence. However, the Commission may allow said accessory apartment to exceed thirty percent (30%) of the primary residence floor area if the apartment is the entire basement, attic or similar, but shall not exceed fifty percent (50%) of the total Living Space and provided the existing residence was built prior to the adoption of these regulations dated March 18, 2019 or for an accessory structure built prior to July 15, 2019. In calculating the square footage of the residence, the accessory apartment is not used in the total calculation. For example:

1. Total square footage of the primary residence living space equals 3,000 square feet.
2. The accessory apartment may be 900 square feet.
3. The reconfigured square footage is 2,100 square feet for the primary residence and 900 square feet for the accessory apartment.



This picture illustrates the design of a home with two doors but giving the appearance of a single family home.

4. If in an accessory structure, the maximum square footage shall be 900 square feet.
- g) The apartment shall meet all applicable standards of the State of Connecticut health, building and fire codes.
 - h) Off-street parking must be provided as required by these Regulations with at least two (2) spaces for the primary residence and two (2) parking spaces for the accessory apartment.
 - i) Certification must be received from the Town Sanitarian that an adequate water supply is available and the sewage disposal system is adequate to meet the Public Health Code or the property is able to accommodate a new sewage disposal system to meet the Public Health Code.
 - j) Any other appropriate or more stringent conditions deemed necessary by the Commission to protect public health, safety, welfare and the single family character of the neighborhood shall be met.

16.6.3. Application for an accessory apartment shall include:

- a) A notarized letter of application from the owner(s) stating that he/she will occupy one of the dwelling units except for bona fide temporary absences; in the event the residence is not owner occupied, the building shall be converted back to a single-family dwelling.
- b) A floor plan of the building at a scale acceptable to the Commission that clearly shows the building and sizes of rooms. This floor plan shall list the total floor areas of both dwelling units.
- c) A site plan of the property, to scale, showing all existing and proposed structures, off-street parking, and utility systems.
- d) A written report from the Town Sanitarian indicating that the existing and/or proposed water supply and sewage disposal systems will adequately serve the proposed use.

16.6.4 The effective period of a permit shall be one (1) year. A renewal permit shall be granted by the Zoning Enforcement Officer after inspection and upon written certification from the owner that all of the conditions met at the time of the original application remain unchanged. Renewal permits shall be submitted annually to the ZEO on August 1.