



**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: \_\_\_\_\_