

Town of Washington Zoning Commission

Special Permit Application

A Special Permit is required for specific uses as listed in the Zoning Regulations for each Zoning district.

Address of Proposed Use: Accessory Detached Apt, 16 Warren Road Washington CT

Name and Mailing Address of Property Owner:

ANKUR PATEL 7 COOPERS LN, NEW MILFORD CT 06770

Name and contact information for authorized agent (if applicable – attach letter of authorization):

Application is for (Check One):

New Special Permit - Fee: \$150

Proposed Use: Accessory Apartment, detached

Zoning Regulation Section: 13.11.3

Zoning District: R1 Historic District: yes no

Attach a written statement with a Description of the Proposed Use. For new buildings include information such as the height and dimensions, for new businesses: type of business, hours of operation, number of employees, square footage of business area, etc. Also attach description of how the proposed use complies with each of the requirements of the specific special permit section listed above.

Attach site plan or survey map showing location of proposed or existing building, location of septic system, distance from each boundary line and from the septic system to the proposed structure, parking spaces, etc.

Attach a floor plan.

Modification of an existing Special Permit – Fee \$50

Approved Use: _____

Zoning Regulation Section: _____

Date of Approval: _____

_____ Attach a written description of the proposed revision and why it is needed.

_____ Attach a site plan or survey map showing the location of the proposed revision with distances to property lines, well and septic system

_____ Attach a revised floor plan, if applicable

Also required for **ALL** applications:

_____ Health Department Approval: _____ Date: _____
Signature of Health Department Agent

_____ Application fee as listed above plus \$60 State Tax – Check payable to Town of Washington

n/a Letter of Authorization signed by the property owner if he will be represented by an agent

Signed Mandatory Land Use Pre-Application Form re: Conservation Easements

n/a Proof of Inland Wetlands Commission approval, if applicable

n/a Proof of Zoning Board of Appeals approval and filing on the Land Records, if applicable

n/a Proof of Historic District Certificate of Appropriateness, if applicable

n/a Driveway sing-off from the First Selectman, if applicable

Site plans and sketch plans shall meet the standards listed in Section 14 of the Zoning Regulations

Additional documentation may be required depending on proposed use.

This application must be submitted to the Land Use Office.

The Undersigned hereby certifies that the information provided in this application, including its supporting documentation, is accurate and true.

Signature of Property Owner: _____ Date: _____

Telephone Number: _____ Email Address: _____

FOR OFFICE USE:

Received by: T. Rill Date: 5/16/22

Amount Paid: \$ 210 Check # 792-60 Date: 5/16/22 Written by: Ankur Patel

Scanned _____ Building _____ Index _____

TOWN OF WASHINGTON

MANDATORY LAND USE PRE-APPLICATION FORM

This form is *required* for all health, wetlands, zoning, planning, and building applications *except* for interior or exterior work on *existing* buildings, which *in no way* expands or alters the footprint.

No planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals application for a permit may be filed until the holder(s) of any conservation restriction or preservation restriction on the subject property has been notified. Please see the State legislation in its entirety, reprinted for your convenience on the reverse of this form, Public Act 05-124, Effective October 1, 2005.

Provide the legal name of the property owner(s) and the street address of the property for which one of the above applications will be submitted, then complete either section A or B below.

Property Owner(s) of Record Aankur Patel

Subject Property Address 16 Warren Road, Washington CT 06777

A. I hereby certify that *there are no* conservation easements or restriction, nor any preservation restrictions on the above-referenced property.

Signature of Property Owner  Date 5/16/22

Signature of Property Owner _____ Date _____

B. *There are* conservation easements or restriction, or preservation restrictions on the above-referenced property.

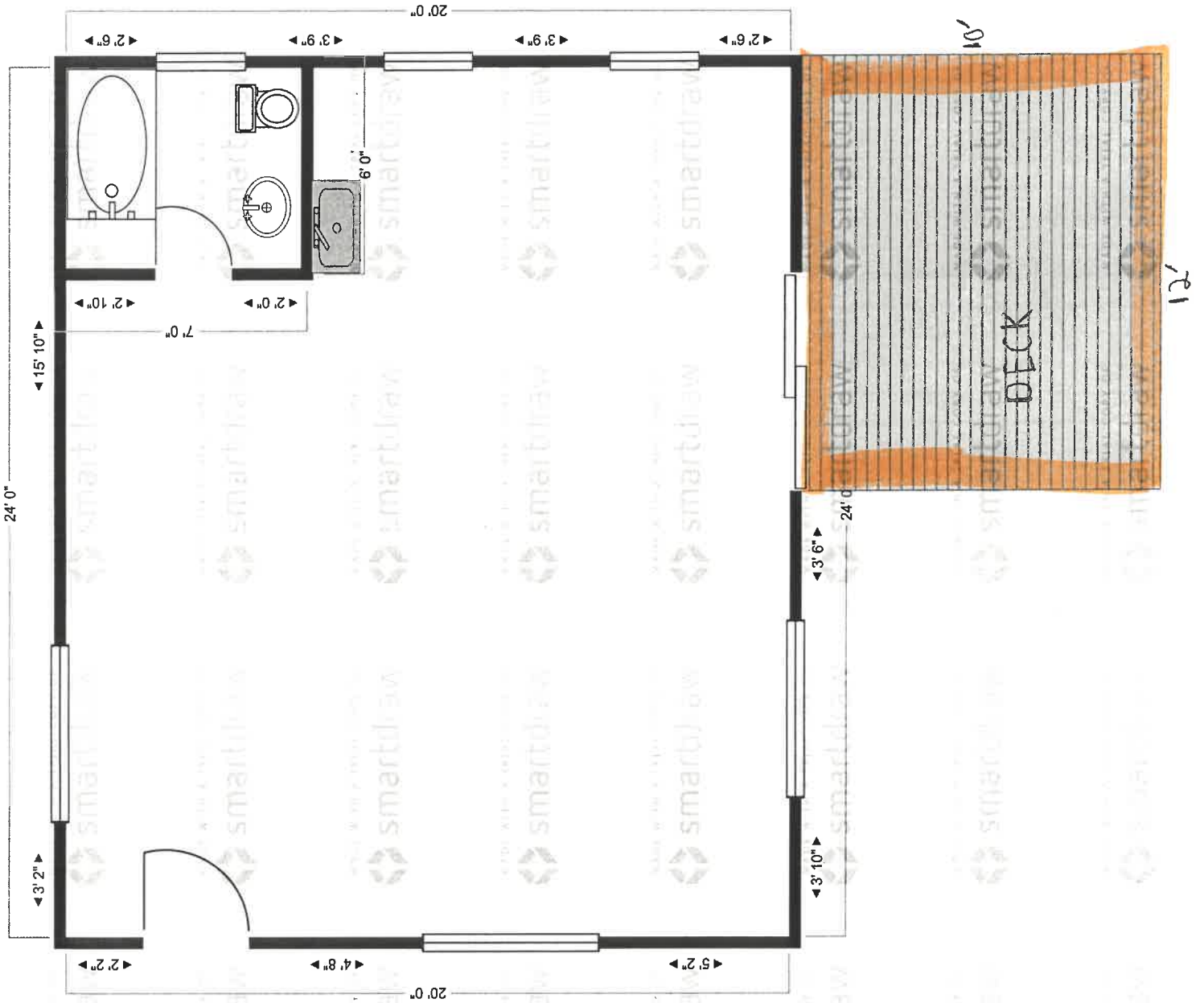
The name of the easement or restriction holder is _____

The phone number of the easement or restriction holder is _____

You must obtain and attach one of the following:

- (1) proof that the easement or restriction holder was notified not less than 60 days in advance of the application by certified mail, return receipt requested, of the property owner's intent to apply for a planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals permit, *or*
- (2) a letter from the easement or restriction holder verifying that the application is in compliance with the terms of the easement or restriction.

15/01/2015
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