

## **INSTRUCTIONS FOR OBTAINING REQUIRED PERMITS FOR AN ACCESSORY LIVING UNIT**

Persons wanting to construct an accessory living unit are to complete the attached Application for a Zoning Permit including plot plan showing location of project with distances to all property lines and the house. The plot plan should also show the general location of the well and septic system.

The following approvals are also required prior to obtaining a zoning permit:

- Chesprocott Health District, 1247 Highland Avenue (Route 10), Cheshire.  
(203) 272-2761
- Prospect Building Inspector, Prospect Town Hall, 36 Center Street  
(203) 758-4461. Office Hours: Monday through Friday 12:00 - 5:00 p.m.  
*A complete set of building plans must be submitted to the Building Inspector in order to certify that your plans comply with all current building codes.*

After obtaining both Chesprocott Health District and Prospect Building Inspector approvals, please return completed application with approvals to the Land Use Office with the following fees:

Fees: \$25.00 (Town of Prospect)  
\$30.00 (State of Connecticut)

If by check, **both checks payable to the "Town of Prospect"**

Planning & Zoning Commission  
Prospect, CT  
Application for a Zoning Permit – Accessory Living Unit

Date: \_\_\_\_\_

Name of Owner/Owners: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Square Footage of Accessory Unit: \_\_\_\_\_

Number of Access Doors to Accessory Unit: \_\_\_\_\_

\* \* \* \* \*

**Show the following on Plan:**

- Entrance to building including garage & interior access (show interior stairs if used);
- Location of 4 parking spaces;
- Is this an existing Accessory Living Unit? If yes, date existing unit was established or date of last permit renewal: \_\_\_\_\_

\* \* \* \* \*

**Family Members**

Living in Accessory Unit: \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_

Living in Primary Unit: \_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_

\_\_\_\_\_ Relation: \_\_\_\_\_



**PLOT PLAN**

Plot Plan must be drawn in the box below or attached to this application.

PLEASE SHOW THE PLACEMENT OF THE PROPOSED ACCESSORY LIVING UNIT TO THE PRIMARY STRUCTURE, GIVING DISTANCES TO PROPERTY LINES, SEPTIC SYSTEM AND WELL. ALSO SHOW LOCATION AND NUMBER OF TOTAL PARKING SPACES ON PROPERTY.



REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_