



CERTIFICATE OF ZONING COMPLIANCE
TOWN OF STRATFORD, CT
FOR

(Please check one)

ACCESSORY RESIDENTIAL APARTMENT

AFFORDABLE ACCESSORY RESIDENTIAL APARTMENT

In completing this application, the following information must be submitted:

- A) Sufficient architectural drawings to scale showing exterior building alterations proposed, if any.
- B) Interior floor plans to scale showing the floor area of the proposed apartment, the primary dwelling and the relationship of the two.
- C) A plot plan of the property to scale showing all existing and proposed buildings and setbacks, existing and proposed building coverage, property size and parking.
- D) Evidence that notification to neighboring property owners has been provided pursuant to the attached instructions.
- E) A copy of the current property deed.
- F) A completed affidavit.

PROPERTY INFORMATION

HOUSE NO. _____ LOT NO. _____ STREET _____
OWNER'S NAME _____ ADDRESS _____

Type of Construction
Alterations () Addition () Other ()
Type of Existing Occupancy _____ Zone _____
Total Lot Area (minus wetlands) _____ Building Area _____
Size of New Addition (if applicable) _____
Building Coverage _____

FLOOR AREA

Total livable floor area of entire house _____
Total livable floor area of apartment _____
The apartment is _____% of the total livable area.

OCCUPANCY

Where will the owner reside? Primary dwelling _____
(Please check one) Accessory apartment _____

Who will reside in that portion of the house not occupied by the current owner? (List individuals and relation to owner)

COASTAL MANAGEMENT

(A) Is the proposed project located within the Coastal Boundary as defined by CT C.A.M? _____ YES _____ NO

(B) Project is exempt from Coastal Site Plan Review – Section 3.1.1 of the Town of Stratford Zoning Regulations _____ YES _____ NO

(C) The Coastal Site Plan Review was conducted and approved in accordance with the Coastal Management Act on _____ (Date) by _____ (Board/Comm.)

OWNER'S SIGNATURE _____
APPLICANT'S SIGNATURE _____
APPLICANT'S NAME PRINTED _____
MAILING ADDRESS _____

_____ P/Z BZA Approval _____ Fee _____

Zoning Enforcement Officer Date _____

CONDITIONS OF APPROVAL

1. The accessory or affordable apartment shall be served by the same mailbox, utility box and/or meter as the primary residence.

2. Dwellings containing accessory or affordable apartments are not permitted to have a bed and breakfast establishment or rent additional rooms other than the accessory apartment. Home occupations are permitted only when they are operated by the principal occupant with no employees and there is no client traffic.

SECTION I – FOR ACCESSORY APARTMENTS

Please initial box to acknowledge the following conditions:

1. The accessory residential apartment will be occupied during the licensing period by no more than two (2) persons.
2. Either the primary dwelling or the accessory residential apartment will be occupied by persons who are directly related to me (us) by blood, marriage or adoption. I (we) will occupy the other unit.

SECTION II – FOR AFFORDABLE ACCESSORY APARTMENTS

Please initial box to acknowledge the following conditions:

1. I (we) agree that I (we) will rent this unit to more than two (2) persons whose total household income falls within the maximum allowed tenant income limits which are published annually by the Planning and Zoning Office, pursuant to Section 4.1.6.14 of the Stratford Zoning Regulations. I (we) understand that the current income limits are:

One Person \$_____ Maximum. Two Persons \$_____ Maximum

2. I (we) agree that I (we) will charge no more for rent than the maximum rents which are published annually by the Planning and Zoning Office, pursuant to Section 4.1.6.14 of the Stratford Zoning Regulations. I (we) understand that the current maximum rents are:

One Person/One Bedroom \$_____ Maximum, per month

Two Person/One Bedroom \$_____ Maximum, per month

(ALL RENTS INCLUDE UTILITIES OR AN APPROVED ALLOWANCE FOR SAME)

I (WE) SWEAR THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I (WE) UNDERSTAND THAT SHOULD I (WE) MAKE A FALSE STATEMENT, I (WE) AM (ARE) SUBJECT TO THE FINES AND IMPRISONMENT SET FORTH IN THE CONNECTICUT GENERAL STATUTES FOR A FALSE STATEMENT MADE TO A GOVERNMENT AGENCY.

_____ (OWNER)

_____ (CO-OWNER)

Personally appeared before me _____ this _____ day of _____
Name Day Month, Year

Notary Public

(My Commission Expires on _____)

NOTE: This form must be notarized to be valid.

AFFIDAVIT FOR ACCESSORY RESIDENTIAL APARTMENTS

Licensing period: Three years maximum.

AFFIDAVIT TYPE (Please check one)

Initial (Due at date of application)

Renewal (Due by January 31st every 3rd year after approval)

TYPE OF UNIT (Please check one)

ACCESSORY APARTMENT

AFFORDABLE ACCESSORY APARTMENT

AGREEMENT

The undersigned _____, does (do) hereby swear or affirm under penalty of false statement that I (we) am (are) the principal owner(s) of the dwelling located at _____, Stratford, Connecticut; that the dwelling has (or upon approval will have) an accessory apartment; that I (we) understand that each licensing period of this approval does not exceed three years; and that the following statements are true to the best of my (our) belief:

1. I (we) reside at the above address and will continue to reside there while the accessory apartment is in use or until the property is sold.
2. If we sell this property during the licensing period of three years, we will inform the subsequent property owner of their responsibility to notify the Planning and Zoning Office of their intentions with regard to the continued use of the accessory apartment.
3. During the period there is an accessory residential apartment in use on this property, I (we) recognize that we are not permitted to have rooms for rent or a bed and breakfast establishment pursuant to Sections 4.1.4 and 4.1.6.13 of the Zoning Regulations.
4. I (we) will comply with all applicable zoning regulations related to this use and to this property to the best of my (our) abilities, including compliance with restrictions on home occupations as set forth in Section 4.1.6.14 of the Stratford Zoning Regulations.

Instructions to the Applicant for Notification of Neighboring Property Owners

1. Letters must be sent to each adjoining property owner and those directly across the street explaining the requested petition (see sample letter below). Names of neighboring property owners may be found in the Assessor's Office.
2. Certificates of Mailing must be obtained from the U.S. Post Office for each letter and presented to the Zoning Commission.
3. These letters must be mailed no later than fourteen (14) days prior to the public hearing date.
4. Sign this form below and present to the Commission at the public hearing along with the Certificates of Mailing.

SAMPLE LETTER

TO WHOM IT MAY CONCERN:

I have petitioned the Zoning Commission for approval to

located at _____ in a _____ District.

Copies of the plans are on file in the Planning and Zoning Office, Town Hall, Stratford,

This application will be discussed at an Administrative Meeting of the Zoning Commission on _____ at 7:00 P.M. in Room 213, Town Hall.

All comments must be in writing and must be received by the Zoning Office by 4:30 P.M. on the above date to be considered by the Zoning Commission

Very truly yours,

Signed _____

The undersigned has complied with the Zoning Commission requirement of notification of neighboring property owners of the property on which the petition has been requested.

Certificates of such mailing are attached hereto.

Signed _____

