

TOWN OF EASTON

BUILDING DEPARTMENT

225 Center Road,
Easton, CT 06612

ACCESSORY DWELLING UNIT "ADU" PERMIT APPLICATION



▲ Accessory dwelling units (or ADUs) come in many shapes and styles.

GUIDE

FOR COMPLETION OF APPLICATION

- **APPROVAL FROM HEALTH IS REQUIRED BEFORE SUBMITTING ANY APPLICATIONS TO BUILDING & P&Z**
HEALTH PERMIT APPLICATIONS CAN BE FOUND at: <https://aspetuckhd.org>
For any questions call 203-227-9571 ext.221

- **2 COPIES MUST BE SUBMITTED** (this includes a certified plot plan by a licensed surveyor)
- Pre-construction conference with the Zoning Enforcement Officer is advised in cases where Soil Erosion and Sediment Control Plans are involved
- Health Permit, Zoning Permit, Wetlands Permit & Building Permit (*if applicable*) must be obtained before work is started (*P & Z Regulation Section 8100*)
- If applicable all driveway permits must be obtained from the Department of Public Works
- Fill Out **"ADU"** Zoning Application Completely and **SIGN & NOTARIZE** Affidavit
- Soil Erosion & Sediment Control plan must be submitted when the total disturbed area of the proposed development is cumulatively more than ½ acre

CERTIFIED PLOT PLAN MUST SHOW

- All existing & proposed building(s) including, FRONT, SIDE & REAR SETBACKS for each building
- Location & expanse of wetland, ponds & watercourses on premise & on adjoining property to a distance of 200ft
- Location of driveway(s) & existing purposed contours of land if grading change is proposed
- Abutting property owners including those on the opposite side of the public highway (names & addresses)

Notice Easton Regulation – Sections 8110, 8120 & 8130

The applicant or authorized agent shall upon completion of foundation walls submit to zoning a survey prepared by a certified & licensed land surveyor. It must show the actual location of the foundation walls on the lot. No structure or building shall thereafter be constructed above the foundation walls until the plot plan survey complying with the pertinent provisions of the certificate of zoning compliance and regulations has been approved by zoning

PERMIT APPLICATION GUIDELINES

- 2 COPIES REQUIRED (1) ORIGINAL PACKET (1) COPY
- 2 COPIES OF CERTIFIED PLOT PLAN (MUST DRAW IN STRUCTURE AND ANY MECHNICALS TO SCALE
- SUBMIT 2 SEPARATE CHECKS FOR BUILDING & ZONING
- CALL THE BUILDING DEPARTMENT & PLANNING & ZONING FOR PERMIT FEE AMOUNT
- ALL SURVEYS FOR STRUCTURES 200sf or GREATER MUST INCLUDE STORMWATER MANAGEMENT DATA PER EASTON ZONING REGULATION 6500

**YOU MUST GET HEALTH APPROVAL BEFORE SUBMITTING
ANY APPLICATIONS TO BUILDING or PLANNING & ZONING**

STEP 1: ASPETUCK HEALTH DEPARTMENT

- ALL HEALTH PERMIT APPLICATIONS: ASPETUCKHD.ORG
 - HEALTH QUESTIONS CALL: # 203-227-9571 ext. 221
 - FOR AS BUILT OR ANY OTHER REQUESTS : FILESEARCH@ASPETUCKHD.ORG
 - ASPETUCK HEALTH DISTRICT LOCATED AT: [180 BAYBERRY LANE, WESTPORT, CT 06880](#)
- SUBMISSION OF ALL HEALTH PERMITS ARE DONE THROUGH THE WESTPORT OFFICE

Please Submit Both Building, Zoning & ADU Applications AT THE SAME TIME along with documentation of Health Approval to the Building Department for Processing.

STEP 2: ZONING DEPARTMENT

- CERTIFIED PLOT PLAN- SIGNATURE LETTER
- SOIL EROSION & SEDIMENT CONTROL REGULATIONS LETTER
- FILL OUT ZONING PERMIT & ADU APPLICATIONS COMPLETELY & SIGN

NO SIGNATURE NO ACCEPTANCE

STEP 3: BUILDING DEPARTMENT

- COMPLETE BUILDING PERMIT APPLICATION
- INCLUDE A COPY OF YOUR CONTRACTING OR MECHANICAL LICENSE & WORKMAN'S COMP INSURANCE
- IF YOU DO NOT HAVE WORKMAN'S COMP, YOU MUST FILL OUT A **7B** FORM AND HAVE IT NOTARIZED

(THE 7B CAN BE FOUND ON THE EASTONCT.GOV SITE UNDER BUILDING)

- **PERMITS WILL NOT BE PROCESSED WITHOUT PAYMENT AND NO PERMITS CAN BE SUBMITTED VIA EMAIL**



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612

Telephone: (203) 268-6291

ZONING PERMIT APPLICATION

- Aspetuck Health Dept. approval with approved site plan required with submission
- Site Plan* (3 copies) showing proposed location
- Floor Plans/Elevations (3 copies) as required to show compliance with Regulations (i.e. Area, Height, etc.)
- Completed Inland Wetland Determination Form
- If applicable, a Driveway Permit from DPW
- Letter of Authorization if Applicant is not Owner
- Application **MUST** be complete in its entirety
- Check to the "Town of Easton" w/address in memo

Office Use Only

Date Submitted: _____

Application #: _____

Zoning Permit Fee*: \$ _____

* \$1.50 per \$1,000 of Construction (\$25 min.)

State Land Use Fee: + \$ 60.00

CZC Inspection Fee: + \$ 25.00

Total Fee Due: \$ _____

** Improvement Location Survey by a surveyor licensed in the State of Connecticut; this requirement may be waived if an as-built survey is on file and it can be clearly established and verifiable in the field, to the satisfaction of the Zoning Enforcement Officer, that the proposed work will not be within the setback area*

Property Owner: _____ Phone: _____

Applicant (if different): _____ Phone: _____

Property Address: _____

Map No./Subdivision: _____ Vol./Pg.: _____ Variance Vol./Pg.: _____

Zoning District: ☐ A (R1) ☐ B (R3) Lot Size: _____ Sq. Ft. / Acres

Type of Construction: ☐ New ☐ Alteration ☐ Addition ☐ Renovation ☐ Conversion

Type of Structure/Use: ☐ Residential ☐ Accessory ☐ ADU* ☐ Pool ☐ Other

Description of Project: _____

Proposed Setbacks to Structure: Front - _____ ft; Sides - _____ ft/ _____ ft; Rear - _____ ft

Is activity in the 100 Year Flood Plain: ☐ Yes ☐ No

**An Accessory Dwelling Unit (ADU) must include the ADU Addendum and Owner Affidavit.*

Estimated Construction Cost: *Structure Cost* \$ _____ (Same cost on Building Permit)

Mechanical Cost \$ _____ (Sum of all Mechanical Permits)

Cost of Other Improvements \$ _____ (i.e. sitework, driveway, etc.)

TOTAL CONSTRUCTION COST \$ _____ (sum of above costs)

I, the undersigned, hereby consent to necessary and proper inspection of the subject premises by a representative of the Planning and Zoning Commission, at reasonable times, both before and after any permit applied for has been granted by the agency. Further, I hereby certify that the above answers are correct and true and that I shall conform to the requirements of the Easton Zoning Regulation.

Owner Signature: _____ Print Name: _____

DATE

Applicant Signature: _____ Print Name: _____

DATE



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612

ACCESSORY DWELLING UNIT (ADU) ADDENDUM for the ZONING PERMIT

I, _____ (property owner), have read and understand Easton Zoning Regulations Section 5200 regarding Accessory Dwelling Units and will fully comply with all requirements. I understand there is a \$200 fee in addition to the construction fee for the Zoning Permit as provided for in the Town Ordinance. The following information is pertinent to this effect:

(Complete then check each requirement below before signing)

- ☐ I, the owner, will have my principal residence in the Principal Dwelling / ADU (circle one) and have completed the attached Owner Affidavit to this effect. Additionally, I will complete a new Owner Affidavit and submit such to the Land Use office by January 31st each year.
- ☐ The following areas are proposed with this application:
- Principal Dwelling (exclusive of garage, attic, & cellar) S.F.
 - Proposed ADU (attached or detached) S.F.
 - Total Lot Area of this property S.F.
 - Buildable Area (area exclusive of wetlands & watercourses) S.F.
- ☐ The proposed ADU WILL / WILL NOT (circle one) be used as an affordable unit.
An application for an Affordable Unit must include the "AFFORDABLE UNIT – Addendum" as well.
- ☐ The proposed ADU will contain _____ bedroom(s), as defined in the CT Public Health Code.
- ☐ The proposed ADU will have 2 dedicated parking spaces, the Principal Dwelling has 2 dedicated parking spaces, and other permitted uses on the property have the required parking. All required parking is shown on the site plan submitted with this application.
- ☐ The proposed ADU meets the following requirements (as appropriate):
- Utility services are NOT configured separately from the principal dwelling.
 - There is only shared access with the principal dwelling from the public right-of-way.
 - For an Attached ADU:
 - ❖ There is an operable door on a common wall with the principal dwelling.
 - ❖ The structure maintains the appearance of a single-family residence.
 - For a Detached ADU:
 - ❖ The height of the Principal Dwelling ft.
 - ❖ The plan footprint of the Principal Dwelling S.F.
 - ❖ The height of the ADU structure ft.
(If ADU is in another accessory structure, state the height of the ADU and the overall structure)
 - ❖ The plan footprint of the ADU structure S.F.
 - ❖ The number of stories of the ADU stories
- ☐ The proposed ADU will be the only ADU on this property.

I hereby certify that the above answers are correct and true, and that I shall conform to the requirements of the Easton Zoning Regulations.

Owner Signature: _____ Date: _____
(OWNER MUST SIGN)



PLANNING AND ZONING COMMISSION

225 Center Road - Easton, Connecticut 06612

ACCESSORY DWELLING UNIT (ADU) – OWNER'S AFFIDAVIT

To: Easton Land Use Department
225 Center Road
Easton, CT 06612

Re: Accessory Dwelling Unit – Owner's Affidavit

To Whom It May Concern:

I, _____, property owner(s), hereby confirm that I own the property located at:

_____, Easton, Connecticut 06612

I further confirm that my principal residence on this property is within the:

☐ PRINCIPAL DWELLING

☐ ACCESSORY DWELLING UNIT

Sincerely,

(Signature of Owner(s))

Date: _____

State of Connecticut

County of _____ ss. _____

On this the _____ day of _____, 20____, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to within the instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I hereunto set my hand:

Signature of the Notary Public

Date my Commission Expires

Printed Name of Notary Public

PERMIT #

TOWN OF EASTON

BUILDING DEPARTMENT

☐ Worker's Comp Ins.

or

☐ 7B (included)

JOB ADDRESS:

Contact #

Owners Name:

Owner Email:

I, _____, hereby certify that I am the Owner or Authorized Agent of the Owner of the Property herein described and duly authorize, _____ on my behalf to execute an application for Building & Zoning permits and/or approval on my property.

Signature: _____ Date: _____

Contractor Name:

Contact #

Business Address:

City:

State:

Zip

Registration No.

Expiration Date:

C.B.Y.D. No.:

Email:

JOB DESCRIPTION: (describe on lines below put square footage if applicable)

JOB COST:

Note: Estimated Job Cost Does Not Include Mechanicals. Mechanical Permits Are Priced Separately

I, THE UNDERSIGNED, hereby affirm and attest that I am familiar with the requirements & provisions of the CONNECTICUT STATE BUILDING CODES and Ordinances of the TOWN OF EASTON as they apply to the work described above, and I agree to satisfy those requirements in every portion of that work, and to give the applicable local & state requirements precedence over other written specification, drawings and instructions. I further agree to cooperate with and assist the Officials of the TOWN OF EASTON in their inspections of this work, and in the enforcement of applicable local and state codes and regulations. This permit will expire unless the work is commenced within 180 days.

I authorize the TOWN OF EASTON to properly dispose of all residential construction plans two years after issuance of the Certificate of Occupancy unless written request is submitted to the Building Department within that time.

Signature of Applicant: _____ Date: _____

THIS SECTION TO BE FILLED OUT BY PLAN REVIEWER

ESTIMATED JOB COST	\$
BUILDING PERMIT FEE	\$
CERTIFICATE OF OCCUPANCY FEE	\$
ADMINISTRATION FEE	\$
TOTAL	\$

BUILDING OFFICIAL SIGNATURE:

DATE ISSUED:

TOWN OF EASTON

Easton Public Works Department

15 Westport Rd, Easton, CT 06612

THIS IS NOT A DRIVEWAY PERMIT

THIS MUST BE FILLED OUT & SIGNED

GO TO DPW FOR ALL DRIVEWAY PERMITS

As part of the process for obtaining a building permit, certain driveway permits, a road opening permit, or certain permits from the Town, the property owner & general contractor are notified that

THE UNLOADING & LOADING OF CONSTRUCTION MACHINERY INCLUDING, BUT NOT LIMITED TO TRACK MACHINERY ON TOWN ROADS SO AS TO DAMAGE THE ROAD, CURBING, OR OTHER TOWN PROPERTY IS PROHIBITED.

Please note that the homeowner and the contractor ***WILL BE RESPONSIBLE*** for any & all damages to the road, curbing, or other Town property.

Final approval of any work covered by a permit will not be made until any damage has either been repaired to satisfaction of the Town or payment for such damage has been made. In the event that you believe there is pre-existing damage for which you as the property owner or general contractor should not be responsible, it is your responsibility to notify the Town prior to unloading and loading any construction equipment so that verification of pre-existing damage can be documented by an employee of, Easton Public Works Department.

Property Location: _____

WE HAVE READ & UNDERSTAND & ACCEPT THE CONDITIONS OF THIS NOTICE

PROPERTY OWNER

Signature: _____

Printed Name: _____

Phone: _____ Date: _____

GENERAL CONTRACTOR

Signature: _____

Printed Name: _____

Phone: _____ Date: _____



TOWN OF EASTON

BUILDING DEPARTMENT

225 Center Road, Easton, CT 06612

Telephone: 203-268-6291

Building Official: Peter Howard

PERMIT # _____

2022 Connecticut State Building Code IRC R-313 With Amendments & Connecticut State Statutes

JOB ADDRESS: _____

When alterations or additions requiring, a building permit occur or when one or more sleeping rooms are added or created in existing buildings, the entire building shall be provided with smoke detectors and carbon monoxide detectors located as required for new dwelling units.

SMOKE DETECTORS & CARBON MONOXIDE DETECTORS SHALL BE INSTALLED IN THE FOLLOWING LOCATIONS:

SMOKE DETECTORS	MUST BE IN EACH SLEEPING ROOM
SMOKE DETECTORS	IN EACH STORY WITHIN THE DWELLING UNIT, INCLUDING BASEMENTS
CARBON MONOXIDE DETECTORS	OUTSIDE EACH SLEEPING AREA IN THE IMMEDIATE VICINITY OF
CARBON MONOXIDE DETECTORS	IN EACH STORY WITHIN THE DWELLING UNIT

☐ Homeowner ☐ Permit Holder (check one)

I Agree to Comply with Above Code Requirements,

Printed Name: _____

Signature: _____

Date: _____



Town of Easton

225 Center Road, Easton, CT 06612

ALL APPLICANTS FOR **BUILDING AND ZONING PERMITS** MUST NOTIFY THE AQUARION
WATER CO. WITHIN **7 DAYS** OF APPLICATION, WHERE THERE IS LAND DISTURBANCE
WITHIN THE **PUBLIC WATER SUPPLY WATERSHED.**

**Please include a copy of this notice with your application
as well as a copy of the certified receipt.**

SEND NOTICE BY CERTIFIED MAIL TO: Joe Welsh
Aquarion Water Co.
714 Black Rock Turnpike
Easton, CT. 06612