



Temporary Health Care Structures Zoning Permit Application

Zoning Permit Fee: \$240.00

Annual Renewal: \$100.00 (inspection required)

Address of Proposed Structure: _____ Zone: _____

Name of Owner: _____ GIS PIN: _____

Telephone Number: _____ Application #: _____

Name of Applicant: _____

Address: _____

Telephone Number: _____

The following are the submission requirements at the time of a permit application for a Temporary Health Care Structure:

1. Statement from CT licensed physician in compliance with SB 922 Section 1 (a)(2).
2. Elevation drawings of the structure and floor plan of the temporary dwelling unit.
Note: 500 sf maximum; cannot be placed on permanent foundation.
3. Class D or better survey of the property; must show location of the proposed structure, proposed changes to the site and demonstrate compliance with zoning regulations (e.g. lot coverage, setbacks, and utility connections).
4. Utility Hookups (Check all that apply):
Public Sewer _____ If checked, WPCA approval required.
Septic system _____ If checked, the applicant must submit a Central Sewage System
Exception request to the State of CT Health Department
Public Water _____ Well _____
Electricity _____ Other _____
5. Notice of Abutting property owners within 500 feet (within 3 days of submission)
Provide list of abutters, copy of letters and evidence of mailing (certificate of mailing).
6. Removal bond of \$10,000 (in accordance with PZC Surety Policy) prior to the issuance of a building permit.

Acknowledgement Statements:

I, the undersigned, acknowledge that the above information is true to the best of my knowledge and that the requirements of SB 922: **Temporary Health Care Structures** are understood.

I acknowledge that the property owner is either the caregiver or the impaired person and the Temporary Health Care Structure is for their residence.

I further agree to provide written evidence of compliance along with the renewal fee at the time of the annual renewal of the permit and agree to an inspection if requested by the municipality.

In the event that the permit is revoked or the structure is no longer legally being used, I understand the structure must be removed within 120 days or the town has the right to use the Removal bond and remove such structure.

Applicant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

Reviewed: _____ Approval Letter Date: _____
Zoning Enforcement Officer

Bond Received: _____

Building Permit Date: _____

Certificate of Occupancy Date: _____

cc: Assessor
Building Department
Planning Department
Fire Marshal