



Town of Greenwich
Planning & Zoning Department
 Town Hall – 101 Field Point Road, Greenwich, CT 06830-2540
 Phone: (203)622-7894 – Fax: (203)622-3795

Signature required
Type online, print & sign

SITE PLAN ADMINISTRATIVE FORM

- | | | |
|--|--|---|
| <input type="checkbox"/> Accessory Apartment, Elderly | <input type="checkbox"/> Drainage / Driveway | <input type="checkbox"/> Soil Erosion and Sedimentation |
| <input type="checkbox"/> Accessory Apartment, Affordable | <input type="checkbox"/> Coastal Site Plan | <input type="checkbox"/> Utility or Telecommunications Facility |
| <input type="checkbox"/> Site Plan Signoff | <input type="checkbox"/> Landscape / Tree Planting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Architectural Review Committee | <input type="checkbox"/> Subdivision Lot | |

Owners Name: _____ Signature: _____

Agent Name/ Tel. no. _____

Address of Property _____

Parcel ID# _____

Lot Size _____ B) Property Zone _____ C) Flood Zone _____ ZEO Init. _____

Check if legally conforming: Lot Area Setbacks FAR _____

Description of Activity or Work Proposed : _____

Previous Review/Approvals by P&Z (Date And Number) _____

Other Land Use reference #. (IWWCA, Coastal Site Plan, Affordable, Elderly) _____

Total Building Square Footage (or total site work area):

Present Use _____ Square Footage _____

Proposed Use _____ Square Footage _____

For staff use only:

Reviewed by:

Town Planner _____ Senior Planner _____

Asst. Town Planner _____ Planner _____

(2 signatures required- one must be Town Planner as per §6-13; Town Planner may waive full Commission review of small scale projects but require approval of ARC where appropriate.)

See attached Conditions of Approval

Per § 6-14.1(e) of BZR, approval is valid for 3 years only; and work must be completed in 5 years from issuance of permit, per State Statute.

Check # _____ Check Amount: \$ _____

PL.PZ# _____



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ACCESSORY APARTMENT APPLICATION CHECKLIST “HOW TO PROCEED” STEPS FOR CONVERSION TO AN ACCESSORY APARTMENT”

The following documents and materials must be supplied/completed along with the application:

- Affidavit of Notification and Certificate of Mailing to Abutting Property Owners* and list of names to whom notice was sent
- Copy of Declaration of Restrictions* to be filed on Greenwich Land Records (applicable only to Affordable Accessory Apt. owners)
- Owner-signed “Initial Affidavit”*
- Survey Map of the property, prepared by a Registered Land Surveyor or Professional Engineer, showing location of all buildings, driveways and parking areas, and the setback distances of all structures proposed for residential use.
- Copy of Assessor’s Field Card
- Floor Plans, drawn to scale by the homeowner, builder, construction person or architect, showing the existing layout and proposed location of the apartment, including kitchen, bathroom, bedroom, living/dining areas, and all windows, doors and stairways. Room dimensions should be shown on plans.

1. Obtain an application and documents from Planning and Zoning Office, complete, and submit for review by the Town Planner or designee.
2. Return application and forms and all documents and materials to Planning and Zoning for Staff review and field inspection of premises.
3. Obtain signed approval from the Town Planner or designee; unless it is determined that Site Plan Review by the P&Z Commission is required.
4. Submit Declaration of Restrictions to P&Z for filing on Greenwich Land Records (applicable only to Affordable Accessory Apartment owners).
5. Apply for Building Permit from Building Department, submitting proof of approval from P&Z office; if this is an Affordable Accessory Apartment, submit proof of filing of Declaration of Restrictions.
6. Apply for Certificate of Occupancy from Building Department after completion of construction and before occupancy.
7. Owners of Affordable Accessory Apartments shall file the “initial Affidavit”* for conversion with the Planning and Zoning Commission at the time of initial occupancy of the apartment as well as when there is a change in tenant or a change in ownership of the dwelling.
8. Subsequent to approval and occupancy, all owners of accessory apartments shall file the annual “Affidavit of Renewal”* with the Planning and Zoning office on or before June 30th of each year.
9. Obtain approval from the Planning and Zoning office for conversion of an Elderly to Affordable Accessory Apartment, or Affordable to Elderly Accessory Apartment.

*Forms are available online and in the Planning and Zoning department.

All applications must be submitted digitally to pnzappl@greenwichct.org, followed by a physical submission of hardcopies and payment.

To view applicable code Section 6-99 please click [here](#). Amendments to this section can be found [here](#).



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Elderly
 Affordable
 (Check one)

**INITIAL AFFIDAVIT FOR CONVERSION TO
 ACCESSORY HOUSING (ELDERLY OR AFFORDABLE)**

The undersigned (print names), _____ do hereby swear or affirm under penalty of false statement that: I (we) an (are) the Resident owner(s) of the dwelling located at _____, Greenwich, Connecticut.

ELDERLY ACESSORY APARTMENT

1. I (we) propose to create and Elderly Accessory Apartment and I (we) will comply with Section 6-99 of the Greenwich Building Zone Regulations and will cause the dwelling and its units to comply with the standards and requirements of that section.
2. (a) As owner(s), I (we) will continue to occupy either the primary or converted unit of the dwelling upon its approval for elderly accessory housing.
 (b) A person 62 years of age or older occupies or will occupy either the primary of converted unit of the dwelling.

AFFORDABLE ACCESSORY APARTMENT

1. I (we) propose to create an affordable accessory apartment and I (we) will comply with Section 6-99 of the Greenwich Building Zone Regulations and will cause the dwelling and its units to comply with the standards and requirements of that section.
2. I _____ occupy the primary unit of the dwelling and will continue to occupy the primary unit upon its approval as affordable accessory housing.
3. The rent to be charged and paid for the converted unit is \$ _____ annually, or as set forth in the attached lease or other document attached to this affidavit and such rent does not exceed the maximum allowable rent published by the Town Planner.
4. The tenant at the time of occupancy will certify under penalty of false statement either in the annexed lease or otherwise to the undersigned that the tenant’s family income at the time of occupancy does not exceed the maximum allowed tenant income published by the Town Planner (for that year).

I DO SWEAR OR AFFIRM UNDER PENALTY OF FALSE STATEMENT THAT THE ABOVE STATEMENTS APPLICABLE TO MY ACCESSORY APARTMENT ARE TRUE AND CORRECT. I UNDERSTAND THAT SHOULD I MAKE A FALSE STATEMENT I AM SUBJECT TO THE FINES AND IMPRISONMENT SET FORTH IN THE CONNECTICUT GENERAL STATUTES FOR A FALSE STATEMENT MADE TO A GOVERNMENT AGENCY.

 Signature (Owner)

 Print Name

 Signature (Owner)

 Print Name



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CERTIFICATE OF MAILING

An affidavit pursuant to Sec. 6-14(a)(16), certifying that all abutting property owners have been notified by mail as evidenced by a certificate of mailings or certified or registered mail receipts, about said application. Owners of lots, or portions of lots, which are across a public or private street shall be deemed to be abutting property. For projects which require preliminary review by the Conservation Commission, the notice shall be sent by the applicant two weeks prior to any scheduled hearing date by the Conservation Commission.

U.S. POSTAL SERVICE	CERTIFICATE OF MAILING
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL. DOES NOT PROVIDE FOR INSURANCE-POSTMASTER	
Received From: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	
One piece of ordinary mail addressed to: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	

Affix fee here in stamps or meter postage and post mark. Inquire of Postmaster for current fee.

PS Form 3817, January 2001

SUBMIT THE FOLLOWING FOR ALL P+Z APPLICATIONS:

EXHIBIT A

A schedule of names and addresses shown on a GIS map with lot lines indicating the location of the notified property owners. (This may be obtained from the GIS Office in Town Hall, Ground Floor)

EXHIBIT B: Sample notification letter

To whom it may concern:

Notice is hereby given that (name of the applicant) has filed an application with the Town of Greenwich Planning and Zoning Commission for (type of application) approval for (address).

Further information concerning this application may be obtained by contacting the Planning and Zoning Commission at 622-7894.

Signature

CERTIFICATE OF MAILING



Town of Greenwich
 Inland Wetlands & Watercourses Agency
 Town Hall, 101 Field Point Road, Greenwich, CT 06830
 Phone 203 622-7736

GREENWICH INLAND WETLANDS & WATERCOURSES AGENCY QUESTIONNAIRE
 [This form is **NOT** an IWWA Application – it is to determine if a Permit Application is required]

PROJECT: Street Address _____ GW CC RIV OG

TAX ACCT.# - Has there ever been an IWWA application for this site? YES NO Appl. # -

ACTIVITY: (Circle ONE) Addition Demolition Deck Garage Interior renovations New residence Pool Tennis court
 Generator Other (please specify) _____ NOTE: A separate form is required for each activity.
 Only a demolition does NOT require a plot plan.

Will this activity require an addition to the septic system? YES NO

FEE: \$30 for in office review, \$65 for reviews requiring a site visit or further in office analysis

Owner's full name [please print] _____ Phone (____)- _____

Mailing address _____ Town _____ Zip _____

Authorized Agent's name [please print] _____ Phone (____)- _____

Mailing address _____ Town _____ Zip _____

YOU MUST INCLUDE A PLOT PLAN, SHOWING THE PROPOSED ACTIVITY IN RED, WITH THIS QUESTIONNAIRE.
 If you do not, staff review of your proposal will be delayed or prevented. An incomplete questionnaire can prolong the process.

IWWA staff will review this questionnaire to determine if *regulated activities* may occur as a result of your proposal, necessitating an IWWA permit.

If your project *does not require* an IWWA permit, we will sign off on this questionnaire, which you will need if you are obtaining permits from other departments.

If an IWWA permit *is required*, we will supply you with a permit application packet. You must obtain a permit prior to the commencement of your project. *No work may begin until you receive an IWWA permit.* The issuance of a building permit alone does not constitute an authorization to proceed. The Agency may impose penalties on any person who commits or assists in any violation of the IWWA Regulations.

If you do not receive notice regarding your questionnaire within two weeks of submission, please contact the IWWA office.

As the *property owner* or, *authorized agent* [check one] I believe that the information I have submitted is correct.

Signature _____ Date ____/____/____

If mailing, return completed form with a \$30 check (made payable to "Town of Greenwich") to the Greenwich Inland Wetlands Agency. Do not apply for a Building Permit until the review is complete. If a site visit is required, you will be notified of the increase in fee.
 Your Greensheet Questionnaire will not be reviewed until this additional \$35 is received.

STAFF NOTES

Office Rev Date ____/____/____ Permit Required? YES NO With Wet? ____ Tidal Staff _____

Field Inv Date ____/____/____ Permit Required? YES NO With Wet? ____ Tidal Staff _____

Soils Report Date ____/____/____ Author _____ Soils _____

Comments: _____

Fee Received: YES NO Comment: _____

Received
Date Stamp

TOWN OF GREENWICH
PROGRAM YEAR 2022 INCOME LIMITS
Affordable Accessory Apartments
(GBZR 6-99)

Effective as of 04/18/2022

Stamford-Norwalk, CT Household Median Family Income = \$180,900

AREA MEDIAN INCOME LIMITS AND MAXIMUM RENT

	1 PERSON	2 PERSON	3 PERSON	4 PERSON
INCOME	\$101,304	\$115,776	\$130,248	\$144,720

Maximum Rent allowable for 6-99 Affordable Accessory Apartments: \$2,026/month

DECLARATION OF RESTRICTION

WHEREAS, _____ (the "Owners") are owners and occupants of premises located at _____ (street) in Greenwich, Connecticut, more particularly described in Schedule A (the "Property") attached hereto, and;

WHEREAS, Owners have created an affordable accessory apartment (the "Apartment") in the dwelling on the Property pursuant to Section 6-99 of the Greenwich Building Zone Regulations;

Now, THEREFORE, THE Owners hereby declare that the following restrictions shall be imposed upon the Property and shall run with the land and be binding upon the Owner, their heirs, executors, administrators, successors and assignees:

1. The Property is restricted by the maximum affordable rent as duly published from time to time, the standards and the other requirements of Section 6-99 of the Greenwich Building Zone Regulations, as they exist at the date hereof, and the restrictions in this Declaration (the "Restrictions"). The restrictions shall continue as provided by law or until removed by consent of the then owners of the Property and the Greenwich Planning and Zoning Commission or its designee and the Release duly filed in the Greenwich Land Records.
2. This Declaration terminates all prior declarations recorded pursuant to Section 6-99 of the Greenwich Building Zone Regulations.

IN WITNESS WHEREOF, the undersigned Owners have caused these presents to be executed this

_____ day of _____ 20 ____.

Executed in the presence:	Owners
_____	_____
_____	_____
_____	_____

STATE OF CONNECTICUT)
) ss.
 COUNTY FAIRFIELD)

On this the _____ day of _____ 20 ____, before me, _____,

The undersigned officer, personally appeared _____ and know to me (or satisfactorily proven) to be the persons whose names are subscribed to the within instrument and acknowledge that they executed the same for the purposes herein contained.

In witness whereof I have hereunto set my hand.

Notary Public/Commissioner of Superior Court