



**TOWN OF LEBANON
PLANNING & ZONING COMMISSION
APPLICATION FOR SITE PLAN MODIFICATION
FOR ACCESSORY APARTMENT**

FOR OFFICE USE ONLY

Application # PZ- _____ - _____	Application Fee: _____ \$100.00
Date Submitted: _____	
PZC Action: _____	Date Paid: _____ Total: \$100.00
Action Date: _____	Cash: _____ Check: # _____

Property Address _____ Assessor's Map # _____ Lot # _____

Property Owner Name(s) _____

Name of Applicant (If different from owner) _____

Mailing Address _____

Home Telephone _____ Cell Phone _____

Email Address _____

House description (Style, distinguishing features): _____

Floor area of house not including accessory apartment (sq. ft.): _____

Floor area of the proposed accessory apartment (sq. ft.): _____

Relevant Questions:

1. How many people will occupy the accessory apartment? _____
2. Is accessory apartment completely contained within the residence and not separated by carport, breezeway, etc.? Yes _____ No _____
3. Where will the property owner live (circle one): Primary Residence or Apartment
4. How many living units exist at this location? _____
5. Will the two dwelling units have common utilities/shared metering devices: Yes _____ No _____
6. What type of alterations are being made to the exterior or the primary dwelling, i.e. new entrance, fire escapes, additional parking, etc.? _____

7. How many total parking spaces will be provided? _____

8. How many bedrooms will the apartment contain? _____

9. Will there be a home occupation in the apartment? Yes _____ No _____

10. Have you provided a floor plan of the proposed apartment? Yes _____ No _____

11. Have you received approval from UNCAS Health District? Yes _____ No _____

☐ A copy of the property map or site plan accompanies this application as required by the regulations.

The undersigned hereby petitions the Lebanon Planning and Zoning Commission for site plan modification approval under the provisions of the Lebanon Planning and Zoning Regulations, Sec. 8.2 Accessory Apartments.

I certify that I have read the text of the Zoning Regulations Sec. 8.2 and that the proposed accessory apartment will be maintained in compliance with subsections 'a' through 'n'. I give permission to the Planning and Zoning Commission and their authorized agents to enter onto this property for the purpose of monitoring compliance with the regulations and/or conditions that may be part of this permit.

_____	_____/_____	_____/_____
Date	Signature of Property Owner	Please Print

_____	_____/_____	_____/_____
Date	Signature of Applicant	Please Print