

APPLICATION FOR ACCESSORY APARTMENT PERMIT

Sprague Planning & Zoning Commission

No. _____

Date: _____

To be completed by Applicant:

Application is hereby made for an Accessory Apartment Permit for the use described herein and shown in the accompanying plans.

Applicant: _____ Address: _____

Phone Number: _____ Email: _____

Property Owner: _____ Address: _____

Location of Property: _____

Land Records Book: Volume _____ Page _____

Land Records Map: Map _____ Block _____ Lot _____

Lot Size in Sq. Ft. _____ Total Building Floor Area in Sq. Ft. _____

Existing Use of Land or Building _____ Zone _____

Applicants must submit floor plans showing compliance with Section 10.11.1 of the Sprague Zoning Regulations.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____
(If different than Applicant)

To be filled in by the Commission:

Date of Submission: _____ Date of Receipt: _____

Approved _____ Denied _____ Date of Action _____ Fee Paid \$ _____

Reason for Disapproval: _____

Revised 7/01/19

Signature: _____

(A permit issued on the basis of this application certifies conformance with the Sprague Zoning Regulations. Other permits may be required, such as those concerning driveways, wetlands, water and sewer facilities, fire protection, building code and health code. Obtaining the additional permits is the responsibility of the applicant.)