APPLICATION FOR SINGLE FAMILY APARTMENT

Procedure for Applicants for a Single Family Conversion Apartment

For a new application, the homeowner of record must:

- 1. Complete the Application for Single Family Dwelling Conversion.
 - Include a copy of the apartment floor plan showing dimensions
 - All abutting property owners must be notified (sample letters are included with this application)
 - Complete the affidavit (which we will notarize free of charge) listing the qualified occupant of either the home or the apartment.
 - A fee of \$65.00 is to be paid (if you're writing a check please make it out to Town of Brookfield)
- 2. When all forms are complete and paid for, you will receive a date for the Zoning Commission to review the application at their next regularly scheduled meeting.
- 3. Once approved, a Certificate of Zoning Compliance for a Single Family Dwelling Conversion will be issued and mailed to the homeowner of record.
- 4. Please note that an affidavit will be mailed to you yearly to be completed in order to retain your apartment status.



TOWN OF BROOKFIELD

APPLICATION SINGLE FAMILY DWELLING CONVERSION

ACTIVITY NUMBER:	PROPERTY I.D.:
APPLICANT/AGENT:	LANDOWNER OF RECORD:
Name:	Name:
Address:	A 1 I
Contact Name:	Contact Name:
Phone #:	Phone #:
Cell Phone/E-mail:	Cell Phone/E-mail:
PROPOSED TENANT	
Name:	Date of Birth:
	Disabled?: Yes [] No []
SITE DATA:	
Street Address:	Apartment square footage
notice to the adjoining neighb Name	Address
×	
applicable regulations. I agree th	is current, accurate and complete and that I will comply with the lat any information that is determined to be false or misleading, ties set by regulation, code or statute.
Signature of Property Owner	Date

*****Application for Single Family Dwelling Conversion**** Notification Letter to Adjoining Landowners

Date:
From:
To:
We are applying for a single family conversion and we need to notify all adjoining landowners. The apartment or unit shall be occupied by a qualified occupant as defined in Zoning Regulations Article 3.16C. All requirements for an apartment within a single-family dwelling are in the Brookfield Zoning Regulations, Article 3.16.
This application will be before the Zoning Commission on:
Thank you,

STATE OF CONNECTICUT

COUNTY OF FAIRFIELD _____, residing at (Owner) _____, Brookfield, CT (Address) Being duly sworn, depose and say: That ____ (Names of all tenants) Meets the regulations for renting or living in either the apartment /house of said homeowner. Check the appropriate qualification for your tenant: ☐ Is age 55 years old older: ______(list birthdate) ☐ Is a family member (how you are related) ☐ Is handicapped as defined in CGS Section 8-113a, Subsection (m) or is a caregiver for Elderly or disabled tenant ☐ The apartment is currently Vacant THAT per Article 3.16.D.9, I understand if the status of either the occupant or owner changes, the permit holder must file a new Certificate of Status within thirty (30) days of the effective date of change. THAT upon issuance of annual special permit by the Brookfield Zoning Commission for such occupancy, I agree to hold the Town of Brookfield harmless for any and all expenses incurred as a result of the applicant's lack of compliance with the Zoning Regulations of the Town of Brookfield and any enforcement action resulting therefrom. ____(L.S.) (Owner signature) Year (Notary Public) My Commission Expires:_____