



Kent County

Department of Planning Services Division of Planning

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APPLICATION FOR ADMINISTRATIVE APPROVAL OF ECHO UNIT (Elder Cottage Housing Opportunity)

1. Property Address:
- , DE Kent County
- City ST County Zip

PROPERTY OWNER(S):

2. Name of Property Owner:
- Last First MI Suffix (Jr, Sr, III)
- Name of Property Owner:
- Last First MI Suffix (Jr, Sr, III)

3. Daytime Telephone Number: () -

4. If this application is approved, the Property Owner(s) will reside in the:

☐ Primary Residence ☐ ECHO Unit

PRINCIPAL RESIDENCE:

5. Square Footage of Principal Residence:
9. Water Source (choose one): ☐ On-site Well ☐ Central Water
10. Wastewater (choose one): ☐ On-site Septic ☐ County Sewer

QUALIFYING ECHO OCCUPANT:

11. Name of ECHO Occupant:
- Last First MI Suffix (Jr, Sr, III)
12. Daytime Telephone Number: () -
13. Date of Birth (mm/dd/yyyy): / / Age:

14. Relationship to Property Owner:

OTHER ECHO OCCUPANT:17. Will there be an additional occupant in the ECHO unit? ☐ Yes ☐ No

If yes, complete the following information about the additional ECHO Occupant:

Name:

Last	First	MI	Suffix (Jr, Sr, III)

ECHO UNIT:

18. Square Footage of ECHO Unit:

21. Year:

Manufacturer:

22. Model Name / Number:

23. Serial Number or VIN:

24. Water Source (choose one):

☐ On-site Well☐ Central Water

25. Wastewater (choose one):

☐ On-site Septic☐ County Sewer**SUPPORTING DOCUMENTATION:**

In addition to the completed application and processing fee of \$450.00, you must submit all of the following supporting documentation to be considered for administrative approval of an ECHO unit:

- ☐ **Plot Plan** showing the location and dimensions of all structures on the property, the square footage of both dwellings, and the location of parking for both dwellings.
- ☐ **Floor Plan** of the ECHO unit. (You may submit the manufacturer's or builder's brochure if available.)
- ☐ **Photo, Sketch or Detailed Written Description** showing/describing the appearance of the foundation for the ECHO unit
- ☐ **Proof of Eligibility** Satisfactory proof must be in the form of a birth certificate or current state-issued photo identification for your elderly parent
- ☐ **Proof of ECHO Ownership.** Satisfactory proof includes a copy of a document confirming ownership of the ECHO unit, such as a Bill of Sale or title. The document must also include the manufacturer, model name or number, year, serial number or VIN, roof pitch, size and color(s) of the ECHO unit.
- ☐ **Proof of Adequate Water and Wastewater.** If your property uses private (well) water and/or a septic system, you must submit a description of the facilities for the ECHO unit, and copies of any necessary approval letters from the Delaware Department of Natural Resources and Environmental Control (DNREC).
- ☐ **Removal Plan** showing how the ECHO unit can be removed without permanently defacing the exterior of the principal residence.

AGREEMENT TO SPECIAL CONDITIONS:

The undersigned, having first been duly sworn (or affirms) according to law, that the statements contained in this application are true, that he/she has not suppressed any information that might affect this application, and that he/she has read and understands this Agreement to Special Conditions. The undersigned further agrees that, if approved, the installation, use and occupancy of the ECHO unit will meet the conditions set forth in Kent County Code §205-68.C.; that if a building permit expires, is revoked or invalidated for any reason, then the application for renewal or a new permit must be made; that when the qualifying ECHO occupant named in item 11 of this application ceases living in the unit, then the unit must be removed within 180 days; that if the ECHO unit is not removed within 180 days, Kent County may remove the unit and salvage the structure to defray any costs incurred; and that the ECHO unit must be removed prior to the sale of the property, unless a new ECHO application is approved to allow the use of the ECHO unit by the prospective buyer.

PROPERTY OWNER'S Signature	Date
Property Owner's Printed Name:	

PROPERTY OWNER'S Signature	Date
Property Owner's Printed Name:	

QUALIFYING ECHO OCCUPANT'S Signature	Date
Qualifying ECHO Occupant's Printed Name:	

QUALIFYING ECHO OCCUPANT'S Signature	Date
Qualifying ECHO Occupant's Printed Name:	

***** DO NOT WRITE ON THIS PAGE! *****

FOR STAFF USE ONLY:

Staff Member Completing This Section:_____

Taxes Current? ☐ Yes ☐ No Violations? ☐ Yes ☐ No

\$450 Application Fee: Date Paid:_____ Check #_____

Tax Map Number:_____

Zoning: ☐ AC ☐ AR ☐ RS1 ☐ RMH

Setbacks: Front:_____ Side:_____ Rear:_____

Floodplain? ☐ Yes ☐ No FEMA Panel #:_____

Wetlands? ☐ Yes ☐ No Blue Line Stream? ☐ Yes ☐ No Tax Ditch? ☐ Yes ☐ No

Principal Residence Sq Ft:_____ ECHO Sq Ft:_____

Water: ☐ Well ☐ Central Wastewater: ☐ Septic ☐ Sewer

Special Conditions:_____
