



Kent County
Department of Planning Services
Division of Planning

SARAH E. KEIFER, AICP
Director of Planning Services

Phone: 302/744-2471
FAX: 302/736-2128

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: _____

6. Type of Structure (choose one):

Built on Site

Manufactured Home: VIN # _____ Year: _____

Manufacturer: _____

7. Siding Color: _____ Trim Color: _____ Roof Pitch: _____

8. Water Source: On-site Well Wastewater: On-site Septic

Central Water County Sewer

ECHO UNIT:

9. Square Footage of ECHO Unit: _____

10. Type of Structure (choose one):

Built on Site

Manufactured Home: VIN # _____ Year: _____

Manufacturer: _____

Model Name / Number: _____

11. Siding Color: _____ Trim Color: _____ Roof Pitch: _____

- Letters of No Objection** from each owner of adjoining property that has a dwelling within 300 feet of the proposed site of the ECHO unit. Signatures of the adjoining property owners on the appropriate page(s) of this application are acceptable in lieu of letters.

IMPORTANT: If you do not obtain all Letters of No Objection (or signatures) required with this application, and you wish to proceed, then you must apply for approval of a Conditional Use from Kent County Levy Court and meet all applicable conditions.

- 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.

AFFIDAVIT:

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 affidavit. The undersigned further agrees that (all property owners must initial each item):

_____ If approved, the installation, use and occupancy of the ECHO unit will meet the conditions set forth in Kent County Code §205-43;

_____ If a placement permit or building permit expires, is revoked or invalidated for any reason, then the application for renewal or a new permit must be made;

_____ **When the qualifying ECHO occupant named in item 13 of this application ceases living in the unit, then the unit must be removed within 90 days;**

_____ If the ECHO unit is not removed within 90 days, Kent County may remove the unit and salvage the structure to defray any costs incurred;

_____ The ECHO unit must be removed prior to the sale of the property, unless the sale is contingent upon the approval of a conditional use to extend the approval of the ECHO unit by the potential buyer; and

_____ The ECHO unit will be brought into compliance as to color compatibility prior to the issuance of a Certificate of Occupancy.

NOTARIZED SIGNATURES OF ALL PARTIES LISTED IN ITEMS 2, 13, 19, AND 20:

Signature _____
Date

Printed Name: _____

I am the (check all that apply): Property Owner Qualifying Relative Additional ECHO Occupant Caregiver

State of Delaware)
County of Kent)

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public: _____

SEAL

My commission expires: _____

Signature Date

Printed Name: _____

I am the (check all that apply): Property Owner Qualifying Relative Additional ECHO Occupant Caregiver

State of Delaware)
County of Kent)

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public: _____

SEAL

My commission expires: _____

Signature Date

Printed Name: _____

I am the (check all that apply): Property Owner Qualifying Relative Additional ECHO Occupant Caregiver

State of Delaware)
County of Kent)

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public: _____

SEAL

My commission expires: _____

Signature Date

Printed Name: _____

I am the (check all that apply): Property Owner Qualifying Relative Additional ECHO Occupant Caregiver

State of Delaware)
County of Kent)

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public: _____

SEAL

My commission expires: _____

Signature Date

Printed Name: _____

I am the (check all that apply): Property Owner Qualifying Relative Additional ECHO Occupant Caregiver

State of Delaware)
County of Kent)

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public: _____

SEAL

My commission expires: _____

**NOTICE TO ADJOINING PROPERTY OWNERS
WITHIN 300' OF A PROPOSED ECHO UNIT**

(*Names, Addresses and Tax Map Numbers to be completed by Kent County Planning Staff*)

Dear property owner:

This notice is to inform you that your neighbor, _____,
who resides at _____
has applied with Kent County Planning Services for administrative approval to place an ECHO unit on his/her
property.

An ECHO unit (Elder Cottage Housing Opportunity) is a small, temporary removable home placed on the same
lot as a single-family dwelling within the AC, AR, RS1, and RMH zoning districts of Kent County. Generally, an
ECHO unit is a manufactured or modular home, and its purpose is to allow a family to assist an aging parent
who is in need of support, or a relative who has a serious illness or physical disability.

**Kent County Code requires that the ECHO unit be removed from the property within 90 days of the
approved occupant ceasing to live in the unit.** The regulations governing ECHO units are listed in Kent
County Code §205-43.

As part of the application process, the applicant must contact all adjoining property owners who have a dwelling
within 300 feet of the proposed ECHO location. If you have no objection to the approval of this application,
please indicate so by signing your name below.

If you have any questions or concerns, please contact Kent County Planning Services at (302)744-2471.

1. Name: _____
Address: _____
Tax Map Number: _____

I have **no objection** to the approval of this application for an ECHO unit.

Signature Date

2. Name: _____
Address: _____
Tax Map Number: _____

I have **no objection** to the approval of this application for an ECHO unit.

Signature Date

3. Name: _____

Address: _____

Tax Map Number: _____

I have **no objection** to the approval of this application for an ECHO unit.

Signature

Date

4. Name: _____

Address: _____

Tax Map Number: _____

I have **no objection** to the approval of this application for an ECHO unit.

Signature

Date

5. Name: _____

Address: _____

Tax Map Number: _____

I have **no objection** to the approval of this application for an ECHO unit.

Signature

Date

6. Name: _____

Address: _____

Tax Map Number: _____

I have **no objection** to the approval of this application for an ECHO unit.

Signature

Date

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

FOR STAFF USE ONLY

Staff Member Completing This Section: _____

Taxes Current? Yes No Violations? Yes No

\$400 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

Qualifying Factor:

Age: _____ Illness/Disability: _____

Principal Residence Sq Ft: _____ ECHO Sq Ft: _____

Water: Well Central Wastewater: Septic Sewer

Adequate Parking: _____

Special Conditions: _____

