

ACCESSORY DWELLING UNIT

Section XXX-XX

Accessory Dwelling Unit (“ADU”) is a residential living unit that is within or attached to a SINGLE FAMILY DWELLING and that provides independent living facilities for one or more persons, including provisions for sleeping, eating, cooking and sanitation.

Section XXX-XX

Where permitted by Conditional Use Permit, an Accessory Dwelling Unit shall comply with the following:

1. A maximum of one (1) accessory dwelling unit (ADU) per property is permitted. An ADU shall not be permitted on a property where more than one DWELLING UNIT currently exists.
2. Exterior alterations, enlargements, or extensions of the SINGLE FAMILY DWELLING are permitted in order to accommodate the ACCESSORY DWELLING UNIT. However, no such change is permitted which would alter the appearance of the SINGLE FAMILY DWELLING to look like a duplex or any other multi-family structure (i.e., the house shall not look like it was designed to occupy more than one family). The exterior door to the ACCESSORY DWELLING UNIT shall be located to the side or rear of the building whenever possible. The ADU shall be connected to the main dwelling unit by an interior door.
3. The area of an ADU shall not exceed 30% of the TOTAL FLOOR AREA of the SINGLE FAMILY DWELLING, including the ADU, or 750 square feet, whichever is larger.
4. A minimum of one dedicated off-street parking space shall be provided for the ADU.
5. The property owner must occupy one of the two dwelling units and provide proof of occupancy. The owner occupied unit cannot be sublet.
6. Where municipal sewer service is not provided, the septic system shall meet NH Water Supply and Pollution Control Division requirements for the combined system demand for total occupancy of the premises, RSA 485-A:38, Approval to Increase Load on a Sewage Disposal System.

Article XXX. Conditional Use Permit Criteria

§ 175-XXX. Review of conditions for grant of permit.

The Planning Board may, subject to the following criteria, grant permits for the Accessory Dwelling Units. Before reaching a decision under this article, a majority of the Board shall have viewed jointly the subject area. Said viewing shall be noted in their records. The Board shall also notify abutters in accordance with NH RSA 676:7. The Board, in acting on the application for a Conditional Use Permit, shall take into consideration the following criteria:

A. Site suitability: that the specific site is an appropriate location for the proposed ADU. This includes:

- (1) Adequate usable space.
- (2) Adequate access.
- (3) Absence of environmental constraints (floodplain, steep slope, etc.).

B. Immediate neighborhood impact: that the proposal is not detrimental, injurious, obnoxious or offensive to abutting properties in particular and to the neighborhood in general. Typical negative impacts which extend beyond the proposed site include:

- (1) The ADU does not alter the appearance of the single family dwelling.
- (2) The ADU access is not visible to the public way.

C. That there will be no undue nuisance or serious hazard to pedestrian or vehicular traffic, including the location and design of accessways and off-street parking.

D. Availability of public services and facilities: that the following services and facilities are available and adequate to serve the needs of the use as designed and proposed:

- (1) Sewer.
- (2) Water.
- (3) Stormwater drainage.

APPLICATION FOR ACCESSORY DWELLING UNIT CERTIFICATE OF USE

<i>Office</i>	Certificate of Use # _____	Application Fee (new) <u>\$50.00</u>	Check # _____	Date Received _____
<i>Use Only</i>	(if new)			
	Existing Certificate of Use # (if renewal) _____	(renewal)		Received by _____

APPLICATION TYPE (check one): **NEW** **RENEWAL (due January 1st each year)** **OWNER AND AGENT**

INFORMATION

Name of Property Owner(s) _____ Telephone # _____

Address of Property Owner(s) _____ E-Mail Address _____

Name of Agent (*if different from owner*) _____ Telephone # _____

Address of Agent _____ E-Mail Address _____

Relationship of Agent to Property Owner _____

PROPERTY INFORMATION

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

Zoning District(s) _____ ADU Building Permit # _____

Total Area of Accessory Dwelling Unit (sq. ft.) _____ % of Area Occupied by ADU _____

Signature(s) of Property Owner(s): _____ Date: _____

Signature of Agent (*if different from owner*): _____ Date: _____

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(For Office Use Only – FOR RENEWALS ONLY)

Approved / Denied (circle one)

By: _____ Date: _____

Code Enforcement Officer

ACCESSORY DWELLING UNIT QUESTIONS

Yes No (check one)

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the Agent or the property owner ever obtained an Accessory Dwelling Unit (ADU) Conditional Use Permit from the Planning Board for this property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the ADU be located within the single family dwelling, attached to the single family dwelling? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the ADU be constructed in a manner that ensures the property maintains the appearance of a single family dwelling and will not look like a duplex or other multi-family structure? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the entryway(s) to the ADU be located on the side or to the rear of the structure in which the ADU is located? |
| <input type="checkbox"/> | <input type="checkbox"/> | If no, is it physically impossible to relocate that entryway(s) so that it is located on the side or rear of the structure in which the ADU is located? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the ADU have an area not exceeding 30% of the TOTAL FLOOR AREA of the SINGLE FAMILY DWELLING, including the ADU, or 750 square feet, whichever is larger. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will at least one (1) dedicated off-street parking space be provided for the ADU? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the property owner reside within either the single family dwelling or the proposed ADU? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the electric, water and sewer utilities for the single family dwelling and ADU be metered on a single bill? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | If municipal sewer is not available, will the septic system meet NH Water Supply and Pollution Control Division requirements for the combined system demand for total occupancy of the premises? If no, stop; your proposal will not qualify as an ADU. |

This application must be accompanied by the following:

1. Floor plan of ADU (if the ADU occupies only a portion of the floor on which it is located, please include a plan of the entire floor).
2. Architectural renderings of the structure as it will appear when the ADU is constructed.
3. Photographs of structure where the ADU will be located (if the structure is existing).

**** **PLEASE NOTE:** POST-CONSTRUCTION PHOTOGRAPHS of the structure where the ADU is located must be provided to the Code Enforcement Officer prior to obtaining a Certificate of Occupancy.****

CERTIFICATION

I/We do hereby verify by signing this application that I/we meet the guidelines for an Accessory Dwelling Unit (ADU) set forth in Section XXX-XX of the Zoning Ordinance of the Town of Wolfeboro. I/We understand that we must obtain a Certificate of Occupancy from the Building Department in order to operate the ADU. I/We understand that POST-CONSTRUCTION PHOTOGRAPHS of the structure where the ADU is located must be provided to the Code Enforcement Officer prior to obtaining a Certificate of Occupancy.

If the application for the accessory dwelling unit is approved, I/we will comply with the ordinances of the Town of Wolfeboro, in the occupancy of the ADU. I/we agree to allow the Code Enforcement Officer or his designee to inspect the subject property upon demand to ensure compliance with all requirements.

SIGNATURES

Signature(s) of Property Owner(s): _____

Date: _____

Signature of Agent (if different from owner): _____

Date: _____

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(For Office Use Only – FOR NEW APPLICATIONS ONLY)

Approved / Denied (circle one)

By: _____ Date: _____

Code Enforcement Officer

Condition(s) of Approval (if applicable)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Reason(s) for Denial (if applicable)

- 1) _____
- 2) _____

3)

4)
