

## ***TO BE INSERTED IN ARTICLE VII***

### **ACCESSORY DWELLING UNIT**

#### **I. Authority**

This section is enacted in accordance with the provisions of RSA 674:71 – 73 and RSA 674:21.

#### **II. Purpose**

The purposes of the accessory dwelling unit ordinance are to: increase the supply and diversity of housing without the need for more infrastructure or further land development; provide flexible housing options for residents and their families; provide elderly citizens with the opportunity to retain their homes and age in place.

#### **III. Definition**

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

#### **IV. Conditional Use Permit**

Pursuant to RSA 674:21 the Planning Board is hereby authorized to grant a Conditional Use Permit to allow for accessory dwelling units in accordance with the restrictions and requirements of this section.

#### **V. Criteria for Approval**

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 SINGLE FAMILY DWELLING is permitted.
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 in a common wall.
3. The area of an ADU shall not exceed 30% of the TOTAL HABITABLE FLOOR AREA of the SINGLE FAMILY DWELLING, 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. Both the primary dwelling unit and the accessory dwelling unit must remain in common ownership.
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 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-maintains the aesthetic continuity for the primary dwelling unit as a SINGLE FAMILY DWELLING. The ADU entry door 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.

# 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) \_\_\_\_\_  
 Address of Property Owner(s) \_\_\_\_\_  
 Telephone # \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
 Name of Agent (if different from owner) \_\_\_\_\_  
 Address of Agent \_\_\_\_\_  
 Telephone # \_\_\_\_\_ 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: \_\_\_\_\_

=====

(For Office Use Only – FOR RENEWALS ONLY)

Approved / Denied (circle one)

By: \_\_\_\_\_ Date: \_\_\_\_\_

Code Enforcement Officer

**ACCESSORY DWELLING UNIT QUESTIONS**

**Yes      No (check one)**

- Has the Agent or the property owner ever obtained an Accessory Dwelling Unit (ADU) Conditional Use Permit from the Planning Board for this property?
- 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.
- 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.
- Will the entry doorto the ADU be located on the side or to the rear of the structure in which the ADU is located?
- 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?
- Will the ADU have an area not exceeding 30% of the TOTAL HABITABLE FLOOR AREA of the SINGLE FAMILY DWELLING, or 750 square feet, whichever is larger.
- 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.
- 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.
- 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: \_\_\_\_\_

=====  
(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) \_\_\_\_\_