

TOWN OF WOLFEBORO PLANNING BOARD

APPLICATION FOR ACCESSORY DWELLING UNIT

CONDITIONAL USE PERMIT through PLANNING BOARD APPROVAL

Tax Map _____ Lot Number _____ Sub Lot _____ Case # _____

Zoning District: _____

Location of Proposed Accessory Dwelling Unit _____

OWNER INFORMATION

Name of Property Owner(s): _____

Address of Property Owner: _____

Phone #: _____ E-Mail: _____

NAME OF AGENT (if different from property owner): _____

Address of Agent: _____

Phone#: _____ E-Mail: _____

Relationship of Agent to Property Owner: _____

PROPERTY INFORMATION

Property Address: _____

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

I/We do hereby verify by signing this application that I/we meet the guidelines for and Accessory Dwelling Unit (ADU) set forth in §175-57.1 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.

I/We understand a site visit will be held prior to Board action on this application. (Section 175-215)

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.

Property Owner Signature

Date

Agent Signature

Date

TOWN OF WOLFEBORO PLANNING BOARD

Accessory Dwelling Unit Questions

- | Yes | No | (Answer all Questions) |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the Property Owner or Agent 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 OR attached to the Single family dwelling? If so, please describe how. If not, 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 duplex or multi-family structure? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the entry door 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 the 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 habitable floor area of the single family dwelling or 750 square feet, whichever is larger? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will at least one 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"/> | If municipal sewer is not available, will the septic system meet the New Hampshire Water Supply and Pollution Control Division requirements for the combined demand for the total occupancy of the premises? If no, stop; your proposal will not qualify as an ADU. |

TOWN OF WOLFEBORO PLANNING BOARD

ACCESSORY DWELLING UNIT CODE OFFICIAL REVIEW

Tax Map _____ Lot Number _____ Sub Lot _____ Case # _____

Zoning District: _____

Location of Proposed Accessory Dwelling Unit _____

OWNER INFORMATION

Name of Property Owner(s): _____

Address of Property Owner: _____

Phone #: _____ E-Mail: _____

NAME OF AGENT (if different from property owner): _____

Address of Agent: _____

Phone#: _____ E-Mail: _____

Relationship of Agent to Property Owner: _____

PROPERTY INFORMATION

Property Address: _____

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

Condition(s) of Approval

1) _____

2) _____

3) _____

Reason(s) for Denial (if applicable)

1) _____

2) _____

3) _____

Code Official

Date

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.