

# TOWN OF WOLFEBORO PLANNING BOARD

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## CHECKLIST AND GUIDELINES FOR APPLICANTS

**Complete all appropriate forms and this checklist and submit with your application.**

- ☐ Review the Wolfeboro Planning and Zoning Ordinances for the Accessory Dwelling Unit regulations. Copies of such can be found on the Town of Wolfeboro web site @ [www.wolfeboroh.us](http://www.wolfeboroh.us) (Section 175-57.1).
- ☐ Submit 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).
- ☐ Submit Architectural renderings or elevations of the structure as it will appear when the ADU is constructed.
- ☐ Submit External Photographs of the structure where the ADU will be located and the Parking Area (if the structure is existing).
- ☐ Submit copy of the attached application along with (10) ten copies of 11" x 17" plan.

**Follow the procedures below for Abutter Notification:**

- ☐ Compile an abutters list from the Tax Warrant and the Tax Map with names, addresses and Tax Map numbers of each Abutter.  
On-line at <https://www.axisgis.com/WolfeboroNH/> using the online GIS system.
- ☐ If the Town is an abutter, identify The Town of Wolfeboro on the Abutter list. **Do not address an envelope or certified mail slip for the Town as they are notified by the submission of your application.**
- ☐ Address and submit a #10 envelope and a certified mail receipt for each abutter. *Include your name and address and the name and address or your agent, land surveyor, engineer, architect, and/or soil scientist if any of the above has placed their professional seal or name on the plan.*  
**\*\* Current Certified Postage must be affixed to each envelope. (See attached example)**
- ☐ Keep the Certified mail slips with the envelopes, but be sure to either address the slips or provide labels for office staff to assemble

***Note: that there may be an additional fee of \$25.00 if your project is continued or you are required to have 2 meetings due to re-noticing in the newspaper.***

When you have received your approval from the Planning Board, recording fees may apply. This will require a separate check made payable to *Carroll County Registry of Deeds* and this will be stated in the Notice of Decision.

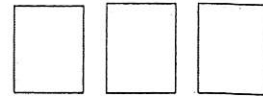
Please feel free to call 569-5970 or stop by the Office of Planning and Development between the hours of 8am and 4pm for assistance.

# TOWN OF WOLFEBORO PLANNING BOARD

## Sample

Submission for abutters requires #10 (legal size) envelopes with the abutter names and addresses and the current certified mail postage affixed to each. The certified mail slips should be filled out with the names & addresses (mailing labels can be used).

Town of Wolfeboro  
Planning Board  
P.O. Box 629  
Wolfeboro, NH 03894



Current Certified Postage

Abutter Name  
Abutter's Address  
City, State Zip Code

Current  
Certified  
Mail  
Postage  
Required

7016 1370 0000 5090 7116



7016 1370 0000 5090 7116  
7016 1370 0000 5090 7116

U.S. Postal Service <sup>®</sup>	
CERTIFIED MAIL <sup>®</sup> RECEIPT	
Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>	
OFFICIAL USE	
Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$
Postage	\$
Total Postage and Fees	\$
Sent To	
Street and Apt. No., or PO Box No.	
City, State, Zip+4 <sup>®</sup>	
PS Form 3800, April 2004 PSN 7530-02-000-9000 See Reverse for Instructions	

Postmark  
Here

# TOWN OF WOLFEBORO PLANNING BOARD

## APPLICATION FOR ACCESSORY DWELLING UNIT

### CONDITIONAL USE PERMIT through PLANNING BOARD APPROVAL

Application Type (check one): ☐ New ☐ Renewal (due January 1<sup>st</sup> of each year)

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.*

*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

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## 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. <b>If not, stop; your proposal will not qualify as an ADU.</b>  |
| <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? <b>If no, stop; your proposal will not qualify as an ADU.</b>                              |
| <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? <b>If no, stop; your proposal will not qualify as an ADU.</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the property owner reside within either the single family dwelling or the proposed ADU? <b>If no, stop; your proposal will not qualify as an ADU.</b>   |
| <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? <b>If no, stop; your proposal will not qualify as an ADU.</b> |

# TOWN OF WOLFEBORO PLANNING BOARD

## ACCESSORY DWELLING UNIT CODE OFFICIAL REVIEW

Application Type (check one): ☐ New ☐ Renewal (due January 1<sup>st</sup> of each year)

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.