

Town of Effingham
Accessory Dwelling Unit (ADU) CHECKLIST

This Checklist must be accompanied by a Building Permit Application

(date received)

Property Owner(s): _____ Telephone: _____

Mailing Address: _____ Zip: _____

Email Address: _____

The undersigned hereby requests the construction of an Accessory Dwelling Unit (ADU) under Article 23 of the Effingham Zoning Ordinance (EZO) and agrees to the conditions stipulated in Article 23 of the EZO.

The property owner must live in one of the two units. An ADU is not permitted on rented or leased land.

Signature of Applicant(s)

Date

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Property Information: Street Address of ADU: _____

Tax Map # _____ Lot # _____ Lot Size _____ District _____

_____ Have you applied for a Building Permit to either build or renovate for the proposed ADU? Yes ___ No ___

_____ Is the proposed ADU Attached/Interior _____ or Detached? _____ (check 1)

_____ Does the proposed ADU meet septic requirements per RSA 485-A:38? Yes ___ No ___

_____ How many bedrooms are planned? _____

_____ Will the property owner reside in the single-family dwelling _____ or the proposed ADU? _____ (check 1)

_____ What is the gross floor area of proposed ADU? (square feet) _____ (Not to exceed 1200sf)

_____ Is there enough room for the required minimum number of parking spaces? Yes ___ No ___

_____ If the proposed ADU is Detached, does your lot have the two (2) acres required? Yes ___ No ___

_____ Is the proposed ADU within a Historic District? Yes ___ No ___

_____ Is the proposed ADU to be used as a rental unit? Yes ___ No ___

_____ If yes, have you applied to the Planning Board for Site Plan Review? (Note: Rental units require a yearly safety inspection.)

_____ **DRAWING** - Whether the ADU is Attached/Interior or Detached, you must provide a drawing showing its position on the lot relative to the primary dwelling and a floor plan showing entries and exits. This need not be done by a professional, but must be drawn to scale on a minimum 8-1/2 x 11 paper.

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Mail completed form to: ZEO, Town of Effingham, 68 School Street, Effingham, NH 03882 or deliver it to the Town Office

Office use only

Building Permit Application Attached [] Reviewed file [] Date ADU Application Approved _____

Date ADU Checklist forwarded to Planning Board _____

Date Application Denied _____ Reason for denial _____

Article _____ **Section** _____ Special exception required _____ Variance required _____

Additional Permits or Approvals Required _____

Signature of authorized official _____ (stamp)