

TOWN OF ATKINSON, NH
PLANNING BOARD
CONDITIONAL USE PERMIT APPLICATION
Zoning Ordinance Article IV, Section 400 - Accessory Dwelling Unit

Property Address _____ Map _____ Lot# _____ Zone _____

APPLICANT:

Name _____ Phone # _____

Address _____

Email _____

(If the owner is the same as Applicant, write "same" below. If the applicant is NOT the owner of record as recorded Rockingham County Registry of Deeds, an agent authorization form must be filled out or the application is NOT complete and cannot be accepted)

OWNER:

Name _____

Address _____

Phone _____ Email _____

Agent Authorization Form : (circle one) YES NO N/A

SIGNATURES:

Applicant _____ Date _____

Owner _____ Date _____

Do Not Write Below This Line:

Application Rec'd	Date _____
	Time _____
	Hearing # _____

****Application Form reviewed & approved by Planning Board 7/19/17 ****

Property Address _____ Map _____ Lot# _____ Zone _____

I/We wish to apply for a Conditional Use Permit from the Planning Board, as defined in the Town of Atkinson Zoning Ordinance under Article IV, Section 460 Accessory Dwelling Units to allow:

The applicant must respond below to each of the following Conditional Use Permit criteria. Please attach required materials and use an additional page for your responses, if necessary.

- a. The accessory dwelling unit shall be subject to the standards and conditions as set forth in the Town of Atkinson Zoning Ordinance (e.g. lot/dimensional requirements, environmental/other setbacks).

_____ *Initial*

- b. No more than one accessory dwelling unit shall be allowed per single-family dwelling. The accessory living unit shall be within or attached to the single-family dwelling and shall not be permitted within detached accessory structures located on the same lot as the single-family dwelling.

_____ *Initial*

ADU Attached to Existing/New Single-Family Residence _____

ADU Within Existing Single-Family Residence _____

- c. The combination of a single-family dwelling and accessory dwelling unit shall not be converted to a condominium or any other form of legal ownership distinct from the ownership of the existing single-family dwelling.

_____ *Initial*

- d. The single-family dwelling unit or the accessory dwelling unit shall be owner-occupied, and both dwelling units shall remain in common ownership by the primary resident.

_____ *Initial*

- e. Accessory dwelling units will not be allowed as part of duplex housing or multi-family housing.

_____ *Initial*

- f. The accessory dwelling unit, and any related changes to the property, shall be designed so that the appearance remains that of a single-family residence and is consistent with the single-family character of other residences in the neighborhood.

_____ **Initial**

Provide photographs of the existing residence and the surrounding property, and/or new construction drawings (if proposed).

- g. The accessory dwelling unit shall have convenient and direct access to the principal dwelling unit through an interior door between the principal dwelling and accessory dwelling unit. The accessory dwelling unit shall have independent means of ingress and egress.

_____ **Initial**

Provide photographs of existing residence and/or new construction drawings showing locations of interior and exterior doors for the ADU.

- h. The accessory dwelling unit shall be no more than 1,000 square feet in size, and shall be clearly accessory to the principal dwelling unit. The accessory dwelling unit shall have no more than 2 bedrooms.

_____ **Initial**

Square footage of ADU living space _____

Number of bedrooms in ADU _____

- i. Two parking spaces shall be provided for the accessory dwelling unit.

_____ **Initial**

Provide photographs or site plan/drawings of parking for the existing residence and 2 ADU parking spaces.

- j. Any and all construction shall be in accordance with the building standards of the Town of Atkinson in effect at the time of construction. A Building Permit and Certificate of Use & Occupancy signed by the Building Inspector shall be obtained for all ADUs.

_____ **Initial**

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- k. In accordance with the standards of the Town and regulations adopted by the New Hampshire Department of Environmental Services (NH DES) in compliance with RSA 485-A:38, the water and septic facilities whether separate or shared shall be adequate to service both the existing single-family dwelling and the accessory dwelling unit. Proof of adequacy of these facilities shall include: an existing septic plan approved by the NH DES and a site inspection by a NH licensed septic designer verifying the proper function of the existing system; or a new replacement septic plan approved by the NH DES.

_____ *Initial*

Proof of Adequacy: _____

This application must be submitted with the required fees to the Planning Office by the submittal date listed on the Planning Board Application Schedule. The Planning Office may be contacted at (603) 362-5761.

Application Fee: \$ _____ \$ _____ per abutter x _____ abutters = \$ _____ [Application Review Fee: \$ _____]

Conditional Use Permit Application Checklist:

The following information shall be submitted on or before the deadline for scheduling a Planning Board hearing:

1. _____ A completed Conditional Use Permit application and any required attachments
2. _____ A copy of the current tax card
3. _____ List of Abutters including property owner names and mailing addresses typed or legibly hand printed.
4. _____ Payment in full according to the Planning Board application fee schedule.
5. _____ The original signed application and all required attachments plus 10 complete copies.

I/We hereby attest that the information provided for this application is accurate to the best of my knowledge.

Owner/Applicant Signature _____ Date _____

Owner/Applicant Signature _____ Date _____

THIS SECTION FOR PLANNING BOARD USE ONLY

Date of Planning Board Decision _____ Application: Approved _____ Denied _____

Planning Board Conditions of Approval for Conditional Use Permit as follows:

