

Town of Effingham
ACCESSORY DWELLING UNIT (ADU) CHECKLIST
as required by Article 23 of the Effingham Zoning Ordinance

Please return the completed form to the Town of Effingham Zoning Office.

68 School Street, Effingham, NH 03882

Application Date _____ Tax Map _____ Lot _____

Applicant's Name _____

Mailing Address _____

Phone _____ Email _____

ADU Street Address _____

- _____ Have you applied for a building permit to either build or renovate for the proposed ADU?
- _____ Is the proposed ADU interior _____ attached _____ or detached? _____
- _____ Does the ADU meet septic requirements per RSA 485-A:38? Yes ___ No ___
- _____ Number of bedrooms _____
- _____ Will the property owner reside within either the single family dwelling or the proposed ADU? Yes ___ No ___
- _____ Gross floor area of proposed ADU (square feet) _____
- _____ Is there enough room for the required minimum number of parking spaces in the specified areas?
- _____ If detached, does your lot have the extra 1.25 acres required? Yes ___ No ___
- _____ Is the ADU within a Historic District? Yes ___ No ___
- _____ Is the 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.)
- _____ Please provide a drawing of the floor plan showing entry, stairs and emergency exit. If the ADU is attached or detached, show the position on the lot relative to the primary dwelling, or if the ADU is interior, show the total floor plan which will include the primary dwelling. This does not have to be done by a professional.

By signing below I/we acknowledge that I/we agree to the conditions stipulated in Article 23 Accessory Dwelling Units of the Effingham Zoning Ordinance.

Signature of Applicant Date _____

Signature of Applicant Date _____

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For Zoning Officer and Planning Board Use Only

Date received by Zoning Officer: _____

Date received by Planning Board: _____ Date Approved: _____

Notes: _____

