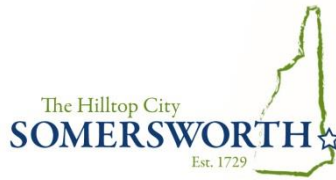


SOMERSWORTH, NEW HAMPSHIRE

City of Somersworth
One Government Way
Somersworth, NH
03878



City Hall
603.692.4262
www.somersworthnh.gov

Application for Accessory Dwelling Unit Somersworth Development Services

APPLICATION TYPE (check one):

☐

NEW

☐

RENEWAL (DUE JANUARY 1ST EACH YEAR)

OFFICE USE ONLY

Date Rec'd: _____

Fee Paid: _____

ADU#: _____

BP#: _____

Please complete the following application and submit to the Development Services Department, along with a **\$75.00** application fee to be reviewed.

1. **Property Owner:** _____

Address (Street/City/State/Zip): _____

Telephone & Email: _____

2. **Property Address:** _____

Zoning District: _____ **Assessor's Map:** _____ **Lot:** _____

ADU Building Permit date: _____

Total Area of ADU (cannot exceed 800 SF): _____

Location of ADU (must be connected to single family home): _____

3. **Number of Bedrooms in ADU (cannot exceed 2):** _____

Check Applicable: City Sewer* _____ **OR** Private Septic _____

(*Adding bedrooms for a home on City Sewer will require a new Water/Sewer connection permit available with the Water Clerk)

Which unit will the home owner occupy? Main Home _____ **or ADU** _____

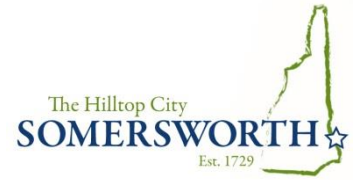
4. **Please attach a plot plan to show available parking and floor plan of the ADU layout.**

Incomplete applications will not be reviewed, all questions must be answered. The undersigned attests that the supplied information is accurate and complete and in compliance with Section 19.24 Accessory Dwelling Units of the Somersworth Zoning Ordinance.

Applicant Signature: _____ **Date:** _____

CITY USE ONLY

ACCESSORY DWELLING UNIT REVIEW



Y N Signature of Director of Development Services and Code Compliance required.

☐ ☐ Code Compliance: _____ Date: _____

☐ ☐ Director of Development Services: _____ Date: _____

Conditions: _____
