



City of Dover, New Hampshire
APPLICATION FOR ACCESSORY DWELLING UNIT
CERTIFICATE OF USE

[Revision Date: November 21, 2016]

<i>Office Use Only</i>	Certificate of Use # _____ (if new)	Application Fee (new) <u>\$50.00</u>	Check # _____	Date Received _____
	Existing Certificate of Use # (if renewal) _____	Application fee (renewal) <u>\$50.00</u>	Cash _____	Received by _____

APPLICATION TYPE (check one): **NEW** **RENEWAL (due January 1st each year)**

OWNER AND APPLICANT INFORMATION

Name of Property Owner(s) _____ Telephone # _____
 Address of Property Owner(s) _____ E-Mail Address _____
 Name of Applicant (*if different from owner*) _____ Telephone # _____
 Address of Applicant _____ E-Mail Address _____
 Relationship of Applicant to Property Owner _____

PROPERTY INFORMATION

Property Address _____ Assessor's Map # _____ Lot # _____
 Zoning District(s) _____ ADU Building Permit # _____
 Total Area of Accessory Dwelling Unit (sq. ft.) _____ % of Area Occupied by ADU _____
 Type of Accessory Dwelling Unit (circle one and provide area of existing structure and any proposed addition)

- *ground floor unit attached to dwelling* Total Area of House (sq. ft.) _____
- *interior to dwelling (e.g. basement)* Total Area of House (sq. ft.) _____
- *second floor of attached garage* Total Area of House (sq. ft.) _____
- *second floor of detached structure* Total Area of Detached Structure (sq. ft.) _____

RENEWAL CERTIFICATION - *If you are renewing your Certificate of Use and you have not made any changes to your Accessory Dwelling Unit, you may sign below and you do not have to complete the remainder of this Application. THIS SECTION IS FOR RENEWALS ONLY.*

I/we hereby verify by signing this application that I/We continue to meet the ADU guidelines set forth in Section 170-24 of the Zoning Ordinance of the City of Dover and have not changed and/or expanded the ADU in any manner since the ADU Certificate of Use was originally issued. I/we understand that I am/we are still subject to any and all conditions of approval set forth in the original Certificate of Use.

Signature(s) of Property Owner(s): _____ Date: _____

Signature of Applicant (*if different from owner*): _____ Date: _____

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(For Office Use Only - FOR RENEWALS ONLY)

Approved / Denied (circle one) by _____ Date _____
 Zoning Administrator

ACCESSORY DWELLING UNIT QUESTIONS

- | Yes | No (check one) | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has the applicant or the property owner ever obtained an Accessory Dwelling Unit (ADU) Certificate of Use from the Planning Department for this property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the ADU be located within the single family dwelling, attached to the single family dwelling, or located on the second floor of a detached structure? If no, stop; your proposal will not qualify as an ADU. |
| <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 a duplex or other multi-family structure? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the entryway(s) 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 that 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 of no less than 300 square feet and no greater than 800 square feet? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | If located in a detached accessory structure, will the ADU be located entirely on the second floor of the detached accessory structure? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will at least one (1) dedicated off-street parking space be provided for the ADU? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the property owner reside within either the single family dwelling or the proposed ADU? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will the electric, water and sewer utilities for the single family dwelling and ADU be metered on a single bill? If no, stop; your proposal will not qualify as an ADU. |
| <input type="checkbox"/> | <input type="checkbox"/> | If municipal sewer is not available, will the septic system meet NH Water Supply and Pollution Control Division requirements for the combined system demand for total occupancy of the premises? If no, stop; your proposal will not qualify as an ADU. |

This application must be accompanied by the following:

1. 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)
2. Architectural renderings of the structure as it will appear when the ADU is constructed
3. Restrictive Covenant providing that the property shall not be converted to a condominium or any other form of legal ownership distinct from the ownership of the single-family dwelling (the Restrictive Covenant form is attached to this application, and must be recorded at the Strafford County Register of Deeds prior to obtaining a Certificate of Occupancy)
4. Photographs of structure where the ADU will be located (if the structure is existing)

**** **PLEASE NOTE:** POST-CONSTRUCTION PHOTOGRAPHS of the structure where the ADU will be located and a COPY OF THE RECORDED RESTRICTIVE COVENANT must be provided to the Zoning Administrator prior to obtaining a Certificate of Occupancy****

CERTIFICATION

I/We do hereby verify by signing this application that I/We meet the guidelines for an Accessory Dwelling Unit (ADU) set forth in section 170-24 of the Zoning Ordinance of the City of Dover (*see page 4 of the Application*). I/We understand that we must obtain a Certificate of Occupancy from the Building Inspections Department in order to operate the ADU. I/We understand that POST-CONSTRUCTION PHOTOGRAPHS of the structure where the ADU will be located and a COPY OF THE RECORDED RESTRICTIVE COVENANT must be provided to the Zoning Administrator 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 City of Dover, in the operation of the ADU. I/We agree to allow the Zoning Administrator or his designee to inspect the subject-property upon demand to ensure compliance with all requirements. I am/we are aware that if any of these restrictions are violated, it will result in revocation of this Certificate of Use and/or possible fines.

I/We understand that this Certificate of Use is valid only until January 1st of the following year. If I/we wish to continue the ADU, I/we must renew the Certificate of Use annually by filing an Application for Accessory Dwelling Unit Certificate of Use by no later than January 1st each year following the year in which the Certificate of Use was first approved.

SIGNATURES

Signature(s) of Property Owner(s): _____ Date: _____

Signature of Applicant (*if different from owner*): _____ Date: _____

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(For Office Use Only - FOR NEW APPLICATIONS ONLY)

Approved / Denied (circle one) by _____ Date _____
Zoning Administrator

Conditions of Approval (if applicable)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Reason(s) for Denial (if applicable)

CITY OF DOVER, NH

ACCESSORY DWELLING UNIT REGULATIONS

Section 170-6

Accessory Dwelling Unit is a secondary DWELLING UNIT* (a) attached and subordinate to a SINGLE FAMILY DWELLING** or (b) constructed above a detached garage that is accessory and subordinate to a SINGLE FAMILY DWELLING**.

Section 170-24

Where permitted, an accessory dwelling unit shall comply with the following:

1. A maximum of one (1) ACCESSORY DWELLING UNIT (ADU) per property is permitted. An ADU shall not be permitted on property where more than one DWELLING UNIT currently exists.
2. Exterior ALTERATIONS, enlargements, or extensions of the SINGLE FAMILY DWELLING or detached ACCESSORY STRUCTURE are permitted in order to accommodate the ACCESSORY DWELLING UNIT. However, no such change is permitted which would ALTER the appearance of the SINGLE FAMILY DWELLING to look like a duplex or any other multi-family STRUCTURE (i.e., the house should not look like it was designed to occupy more than one family). The construction of any access ways into the house and/or detached garage which are required for access to the ACCESSORY DWELLING UNIT shall be located to the side or REAR of the BUILDING whenever possible.
3. An ADU shall have an area of no less than three hundred (300) square feet and no greater than eight hundred (800) square feet. If located in a detached ACCESSORY STRUCTURE, the ACCESSORY DWELLING UNIT shall be located entirely on the second floor of the STRUCTURE.
4. A minimum of one dedicated OFF-STREET PARKING space shall be provided for the ADU.
5. The SINGLE-FAMILY DWELLING (and detached ACCESSORY STRUCTURE, when applicable) and LOT shall not be converted to a condominium or any other form of legal ownership distinct from the ownership of the SINGLE-FAMILY DWELLING. In order to ensure compliance with this requirement, the property owners at the time the ADU is established shall be required to execute a restrictive covenant running in favor of the City, which shall be recorded in the Strafford County Registry of Deeds and a copy of which shall be provided to the Planning and Community Development and the Assessor prior to the issuance of a Certificate of Occupancy.
6. The property owner must occupy one of the two DWELLING UNITS. Electric, water and sewer utilities shall be metered on a single bill.
7. Where municipal sewer service is not provided, the septic system shall meet NH Water Supply and Pollution Control Division requirements for the combined system demand for total occupancy of the premises.
8. A certificate of use issued by the Zoning Administrator is required to verify conformance with the preceding standards. Said certificate shall be renewed annually. Applications to renew the certificate of use shall be due by January 1st following the date of approval of the certificate of use and then by every January 1st thereafter for so long as the ACCESSORY DWELLING UNIT continues. Fees shall be levied as set forth in the City of Dover Adopted Fee Schedule, as amended annually, for ACCESSORY DWELLING UNIT certificates of use and renewals.

* DWELLING UNIT means a building or entirely self-contained portion thereof containing complete housekeeping facilities not in common with any other DWELLING UNIT, except for vestibules, entrance halls, porches or hallways.

** DWELLING, SINGLE-FAMILY means a detached building containing one (1) DWELLING UNIT only.

NOTICE OF RESTRICTION

PURSUANT TO the issuance of an Accessory Dwelling Unit Certificate of Use and a Certificate of Occupancy by the City of Dover, New Hampshire, for an accessory dwelling unit on certain property herein described, I/We of _____(mailing address), the undersigned owner(s) of the property located at _____, Dover, NH, identified as Assessor’s Map ____, Lot ____, being the same property conveyed by Deed recorded in the Strafford County Registry of Deeds at Book ____, Page ____, hereby agree, covenant and bind myself/ourselves, our heirs, and assigns that the property and accessory dwelling unit shall be used in compliance with the accessory dwelling unit regulations set forth in Section 170-24 of the Zoning Ordinance of the City of Dover, New Hampshire and all other applicable laws and regulations, including but not limited to the requirement set forth in Section 170-24.E. of the Zoning Ordinance that “the single-family dwelling (and detached accessory structure, when applicable) and lot shall not be converted to a condominium or any other form of legal ownership distinct from the ownership of the single-family dwelling.”

The City of Dover shall have the power and authority to enforce this restrictive covenant in a court of law. All deeds for future conveyance shall contain reference to this Notice of Restriction.

IN WITNESS WHEREOF, the owner(s) of the afore-mentioned property have executed this Notice of Restriction on this ____ day of _____, 20____.

PROPERTY OWNER(S)

Print Name: _____

Mailing Address:

Print Name: _____

Mailing Address:

STATE OF NEW HAMPSHIRE
COUNTY OF STRAFFORD, ss.

On this _____ day of _____, 20____, before me personally appeared _____, known to me, or satisfactorily proven, to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Notary Public/Justice of the Peace

STATE OF NEW HAMPSHIRE
COUNTY OF STRAFFORD, ss.

On this _____ day of _____, 20____, before me personally appeared _____, known to me, or satisfactorily proven, to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he/she executed the same as his/her free act and deed for the purposes therein contained.

Notary Public/Justice of the Peace