



Planning Board
ACCESSORY APARTMENT
SPECIAL PERMIT APPLICATION

Fee Paid: _____
Date Paid: _____
Permit #: _____
Approved By: _____
Approval Date: _____
(for use by Planning Board only)

General Information for Applicants

If your accessory apartment will increase the total number of bedrooms for your property, please contact the Board of Health before filing your application to make sure your septic system can handle the additional wastewater.

If construction of your accessory apartment will involve disturbance of any land within 100' of a wetland, you must file a Notice of Intent with the Conservation Commission before any land is altered.

Applicant is responsible for ensuring all other permits are requested.

Instructions to Applicants:

When applying for approval of an Accessory Apartment Special Permit, please include the following:

- _____ 1) Six copies of this form, the deed to the property, and authorization for submission by someone other than the owner, if applicable.
- _____ 2) Six copies of:
 - A Site Plan showing the lot and its location, the existing house, any proposed additions that will change the footprint, driveway and parking areas and other important features;
 - Floor plans of the existing house and proposed accessory dwelling; and
 - Elevations of any additions or new construction.
- _____ 3) A check payable to the Town of Southampton, application fee per Planning Board Policy Exhibit C.
- _____ 4) A completed Request for Abutters form.
- _____ 5) A notarized letter from the current or prospective owner stating that the owner will occupy one of the dwelling units on the premises.
- _____ 6) Attach Declaration of Covenants per by-law.
- _____ 7) Attach copy of Disposal Works Permit approved by Board of Health.

Required Information:

Is the Accessory Apartment **within a single family house** or **above a business** (circle one)

Location (street address): _____

Assessor Ref: Map _____ Lot _____

Applicant(s): _____ Owner: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Floor Area of Proposed Accessory Apartment: _____

Signature of Applicant: _____ Date: _____

For accessory apartments in a single family house:

Floor Area of Primary Dwelling: _____

of Bedrooms in Existing House: _____

of Bedrooms in Primary Apt: _____

of Bedrooms in Accessory Apt: _____

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For accessory apartments above a business:

Name of Business(es) in Structure: _____

of Accessory Apts. in Structure Housing the Business(es): _____