



Town Of Ashburnham Planning Board

SPECIAL PERMIT

ACCESSORY DWELLING UNIT

Date: _____

Name of Applicant: _____

Address: _____

Phone Number: _____

Name of Owner: _____

Address: _____

Phone Number: _____

Location and description of property: _____

Zoning District: _____ Map: _____ Parcel: _____

Accessory Dwelling Unit Checklist

- | | |
|---|--|
| <p>___ Application and Checklist</p> <p>___ Filing fee</p> <p>___ Copy of most recently recorded deed</p> <p>___ Municipal tax lien, indicating no outstanding taxes</p> <p>___ Certified list of abutters</p> <p>___ Notarized letter – stating owner occupied</p> | <p>___ Floor plan showing interior/exterior changes</p> <p>___ Gross floor area of accessory dwelling unit</p> <p>___ Sewage disposal permit</p> <p>___ Parking plan</p> <p>___ If applicant is not owner, authorization to apply, signed by owner</p> |
|---|--|

For Planning Board Use Only

_____ File Date (Town Clerk)	_____ Hearing Date (File date + <65 days)	_____ Decision Deadline (Close hearing + <90 days)	_____ Decision Date (File w/ Town Clerk)
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Comments:

Fee: _____

Paid: Yes ___ No ___