



Scituate Planning Board
APPLICATION FOR ACCESSORY DWELLING SPECIAL PERMIT

General Information for Applicants

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

If construction of your accessory dwelling 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.

New water service is required for accessory dwellings. There is a \$6,500 fee for each new hook up to the town water system. If your property is on sewer, please contact the Town Administrator as there may be additional fees for providing sewer service to an accessory dwelling.

Instructions to applicants:

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

- _____ 1) Sixteen copies of this form, the deed to the property, and authorization for submission by someone other than the owner, if applicable;
- _____ 2) 16 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 for \$500 payable to the Town of Scituate;
- _____ 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.

Required Information:

IS ACCESSORY DWELLING: WITHIN A SINGLE FAMILY HOUSE ABOVE A BUSINESS
(Circle One)

LOCATION (Street address): _____

ASSESSOR REF: MAP _____ BLOCK _____ PARCEL _____

APPLICANT(S): _____

ADDRESS: _____

TELEPHONE: _____

OWNER(S): _____

ADDRESS: _____

TELEPHONE: _____

FLOOR AREA OF PROPOSED ACCESSORY DWELLING: _____

Signature of Applicant: _____ Date: _____

For accessory dwellings in a single family house:

FLOOR AREA OF PRIMARY DWELLING :

BEDROOMS IN EXISTING HOUSE: _____

BEDROOMS IN PRIMARY DWELLING: _____

#BEDROOMS IN ACCESSORY DWELLING: _____

For accessory dwellings above a business:

NAME OF BUSINESS(ES) IN STRUCTURE: _____

OF ACCESSORY DWELLINGS IN STRUCTURE
HOUSING THE BUSINESS(ES): _____