



TOWN OF DOUGLAS  
**ACCESSORY APARTMENT**  
SPECIAL PERMIT APPLICATION FORM  
*Pursuant to Section 3.3 of the Douglas Zoning Bylaw*

OFFICE USE ONLY
APPL No. _____
SUBMITTED _____
FEE _____

### I. Residential Information

Owners Name _____		Contact Person _____	
Street Address _____		Additional Address _____	
City/Town _____	State _____	Zip Code _____	
Telephone Number _____	Fax Number _____	Email Address _____	
Other Comments _____			

### II. Applicant Information

Name _____		Contact Person _____	
Street Address _____		Additional Address _____	
City/Town _____	State _____	Zip Code _____	
Telephone Number _____	Fax Number _____	Email Address _____	
Other Comments _____			

### III. Occupant Information

Name _____		Relationship to Owner _____	
Street Address _____		Additional Address _____	
City/Town _____	State _____	Zip Code _____	
Telephone Number _____	Fax Number _____	Email Address _____	
Other Comments _____			

### IV. Site Information

Assessors Map _____	Assessors Parcel _____	Deed Book _____	Deed Page _____
Street Address _____		Additional Address _____	
City/Town _____	State _____	Zip Code _____	
Other Comments _____			



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**VI. General**

Area of Accessory Apartment (Square Feet)	Type of sewer system (Public or Private)
Zoning District	
Requested Permit Start Date	Permit End Date (3 yrs or less from start date)

**VII. Submittal Requirements**

- a)** The owner (s) of the residence in which the Accessory Apartment is located shall occupy one of the dwelling units.  YES  NO
- b)** Either the occupants of both units shall be related by blood or marriage, or an individual hired to provide medical assistance, or custodial care to one or more individuals in the other unit shall occupy one of the units.  YES  NO
- c)** The Special permit may be granted for a period not to exceed three (3) years. Upon expiration of the special permit or when the dwelling is sold, or when the need for such care ceases, whichever occurs first, the dwelling shall revert to single family use, and the Accessory Apartment may not be occupied unless a new special permit is obtained from the Planning Board.  YES  NO
- d)** Only one (1) Accessory Apartment may be created within a one family dwelling.  YES  NO
- e)** An Accessory Apartment may only be created in a dwelling, which would otherwise be classified as a one family dwelling.  YES  NO
- f)** The design of the Accessory Apartment is such that the appearance remains that of a one family residence. Any new additions required for the Accessory Apartment shall conform to the minimum yard sizes and maximum height requirements for a single family dwelling of the district where the building is located.  YES  NO
- g)** The Accessory Apartment shall be clearly secondary in nature to the principal dwelling, and it shall not exceed nine hundred (900) square feet in area.  YES  NO
- h)** At least three (3) off-street parking spaces must be provided for any one family dwelling, which has an Accessory Apartment.  YES  NO
- i)** No Accessory Apartment may be created in a detached structure.  YES  NO



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j) If the lot is not connected to public sewer, prior to obtaining a building permit, the Board of Health shall certify that the septic system is in compliance with Title 5 of the State Environmental Code and the Board's Regulations.  YES  NO

k) The construction of any Accessory Apartment must be in conformity with the State Building Code Requirements.  YES  NO

**VIII. Waivers**

l) The Planning Board may require more or other appropriate conditions in order to protect the public health and safety, and the single-family character of the neighborhood. The Board may also allow deviation from the above conditions where necessary.  YES  NO

Requested Waivers \_\_\_\_\_

Planning Board Conditions \_\_\_\_\_

**IX. FEES**

The fees for work proposed under this Special Permit Application shall be in accordance with the Town of Douglas Fee Schedule for Special Permit Applications.

Applicants must submit the following information to confirm fee payment:

Fee Calculations \_\_\_\_\_

Check Number \_\_\_\_\_ Check date \_\_\_\_\_

Payor name on check \_\_\_\_\_ Applicant name (if different from payor) \_\_\_\_\_

\* Please make all checks payable to the Town of Douglas \*

