

Town of New Shoreham
Application for Residential Accessory Dwelling Unit
Zoning Ordinance Section 513

The undersigned hereby applies to the Zoning Official for an Accessory Dwelling Unit

Property Owner's Name: _____

Plat: _____ Lot: _____ Parcel: _____

Zoning District: _____

Fire Number: _____ Street Address: _____

Mailing Address: _____

Phone number: _____ Email: _____

The Zoning Official and/or Building Official and/or designee shall inspect the premises. Permission for site inspection shall be granted.

Property Owner's Signature: _____ Date: _____

Official Use Only

Date Approved: _____

Date Affidavit Recorded in the Land Evidence: _____

Zoning Official's Signature: _____

**Application for Residential Accessory Dwelling Unit
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Zoning Districts

Residential A (RA) Zoning Ordinance Section 306

Residential B (RB) Zoning Ordinance Section 307

Residential C (RC) Zoning Ordinance Section 308

Residential C/Mixed Use (RC/M) Zoning Ordinance Section 309

Mixed Use Zone (M) Zoning Ordinance Section 310

Please refer to a supplementary application for commercial zoning districts OHC, NHC and SC

Property Owner's Name: _____

Plat: _____ Lot: _____ Parcel: _____

1. Accessory Dwelling Unit will be located Principal building or in an Accessory Structure (circle)
2. Number of bedrooms in the ADU _____ maximum of three (3) bedrooms without a special use permit.
3. Minimum living area for an ADU must be consistent with R.I. Gen. Law 45-24.3-11.
4. The ADU shall not exceed twelve hundred (1,200) square feet of living floor area without a Special Use Permit. Square feet of living floor area of the ADU _____
Floor Area, living: The total floor area, measured in square feet from the exterior limits thereof, of that portion of a residential building which is used for habitation purposes, but excluding garage space, unfinished basements and exterior spaces such as porches and decks.
5. Please provide letter from Wastewater Management Inspector regarding OWTS (septic system) or from New Shoreham Wastewater Superintendent for municipal sewer.
6. For any lot on which an ADU is located, all structures on the lot, and all areas of all structures on the lot shall be held in single, joint, common or otherwise undivided ownership.
Please initial _____
7. A written rental agreement shall be kept by the owner and made available to the Zoning Official upon request.
8. Any property owner maintaining any ADU on the property agrees to the inspection of the property by the Building Official and/or Zoning Official upon seventy-two (72) hours' notice of the date, time and purpose of the inspection.
Please initial that you agree _____
9. A Special Use Permit is required if the result would be more than two (2) dwelling units per lot. How many dwelling units will be on the (include the proposed ADU) _____
10. The ADU shall meet the dimensional standards established for accessory structures within the applicable Zoning District. (complete below)

Lot Area: The total area within the boundaries of a lot, excluding any street right of way, usually reported in acres or square feet. _____ (square feet)

Identify all existing structures on the property:

<u>DESCRIPTION</u>	<u>USE</u>	<u>FOOTPRINT AREA</u>
_____	_____	_____
_____	_____	_____

Identify all proposed structures or change:

<u>DESCRIPTION</u>	<u>USE</u>	<u>FOOTPRINT AREA</u>
_____	_____	_____
_____	_____	_____

Lot Building Coverage Calculation:

Existing and proposed gross footprint area _____
 Divided by the lot area _____
 Equals total lot building coverage _____

Lot Building Coverage permitted per Zoning Ordinance _____ %

Lot Building Coverage for Single Family Dwelling: _____ %

Lot Building Coverage All Structures: _____ %

Total Maximum Lot Coverage: _____ %

Height Primary Structure: _____ Height Accessory Structure: _____

Number of parking spaces provided: _____

<i>Minimum Setbacks:</i>	<i>Required</i>	<i>Existing Structure</i>	<i>Proposed Accessory Structure</i>
<i>Front</i>			
<i>Left Side</i>			
<i>Right Side</i>			
<i>Rear</i>			

Please see Zoning Ordinance Section 513 for additional information on Accessory Dwelling Units.

Property Owner's Signature: _____ Date: _____