



Town of Barnstable Accessory Affordable Apartment Program Site Approval Application

Site Approval for an Accessory Affordable Apartment confirms that the proposed apartment unit(s) meets all of the requirements of the Accessory Affordable Apartment Program (AAP) and that you as an applicant understand to and agree all the requirements of program participation. An initial consultation with Growth Management Department staff should be completed prior to submitting a Site Approval Application. If you have not yet had an initial consultation, please contact the Growth Management Department, Special Projects Coordinator - Affordable Housing at 508-862-4678.

Submitting an Application

All required information and materials must be submitted with your application. It is strongly recommended that all applications be reviewed by Growth Management Department staff to ensure a complete application prior to submittal. The following are required for a complete Site Approval application:

- Site Approval Inspection with Building Division**
A site visit to confirm the proposed unit meets or will meet all Building Code requirements must be scheduled and completed with the Building Division prior to site approval. If you have not yet scheduled a site visit, contact the Building Division at 508-862-4038.
- Site Approval Application**
Please submit a completed copy of the attached application.
- Deed to Property**
Applications must be accompanied by a copy of your Certified Quit Claim Deed (or a valid Purchase & Sales Agreement)
- Property Survey/Existing Conditions Plan**
Applications must be accompanied by a survey or plan showing the dimensions of the lot and the existing buildings on the property and the locations of buildings relative to property lines. A plot plan typically accompanies your mortgage or a copy may be found in the Town's Building Division or Health Division files.
- Septic Questionnaire from Health Division**
Submit a completed septic questionnaire, signed by staff with the Health Division, confirming that your septic system complies with the total number of bedrooms requested for program participation at your property. *Note: Floor plans for development on the property, including room measurements, must accompany the questionnaire.*
- Accessory Affordable Apartment Program Participation Affidavit**
Submit a signed, notarized affidavit agreeing to the conditions of participation in the Accessory Affordable Apartment Program.
- Demonstration of Primary Residency**
Copy of tax bill, voter registration or driver's license
- \$100/unit Application Fee**

An application fee of \$100/unit is required. Checks should be made payable to the Town of Barnstable. We do not accept credit/debit cards.

*** This application fee is non-refundable ***

Process & Timeframe

Growth Management Department staff will process the application for Site Approval once all materials have been completed and submitted.

- Site Approval is issued by the Town Manager under the authority of Chapter 9, Article II of the Barnstable Town Code and Massachusetts General Law Chapter 40B.
- The Town Manager may issue a Site Approval letter confirming your application has been approved.
- Within three months of receiving Site Approval, you must file a Comprehensive Permit application with the Zoning Board of Appeals to complete the requirements for participation in the Accessory Affordable Apartment Program.

If site approval is issued by the Town Manager, the next step is to file a Comprehensive Permit Application with the Zoning Board of Appeals. Prior to submitting an application, you are encouraged to contact the Growth Management Department, Elizabeth Jenkins, Principal Planner at (508) 862-4665 or elizabeth.jenkins@town.barnstable.ma.us.



Town of Barnstable Accessory Affordable Apartment Program Site Approval Application

The undersigned hereby applies in accordance with the General Ordinance of the Town of Barnstable Chapter III, Article LXV, Pre-existing & Unpermitted Dwellings, for the issuance of a site approval letter.

Applicant Name _____

Applicant Mailing Address _____ Town/State/Zip _____

Applicant Phone Number _____

Applicant E-Mail _____

Property Information:

Assessor's Map/Parcel Number: _____ Zoning District: _____

Number of Years Owned: _____ Groundwater Overlay District: _____

Program Eligibility – Threshold Criteria:

Please check the following, as applicable. The proposed unit(s) is/are:

- A dwelling unit or dwelling units for which there does not exist a validly issued variance, special permit or building permit, does not qualify as a lawful, non-conforming use or structure, for any or all the units, and which was in existence on a lot of record within the Town as of January 1, 2000.
- A dwelling unit or dwelling units that was in existence as of January 1, 2000 and which has been cited by the Building Department as being in violation of the zoning ordinance.
- A new accessory unit in a single-family owner-occupied dwelling
- This is a multi-family dwelling where there exists a total of _____ dwellings, but _____ are currently unpermitted.

Brief Explanation of Request:

Proposed Number of Bedrooms in Unit(s): _____ Proposed Unit Square Footage(s): _____ sq.ft

Existing Level of Development on the Property:

Number of Buildings: _____ Gross Living Area: _____ sq.ft

I understand that, as property owner, I must within three months of receiving a site approval letter, file an application for a comprehensive permit under the local Chapter 40B program with the Barnstable Zoning Board of Appeals to participate in the Accessory Affordable Apartment Program.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

For Department Use Only:

A conditional inspection of the premises was conducted by the Building Division on _____.

See attached requirements for conformance with the State Building Code.

A Health Agent reviewed the on-site septic on _____.

The unit was found to be in conformance with the State Sanitary Code.

See attached requirements for conformance with the State Sanitary Code.



Town of Barnstable
Accessory Affordable Apartment Program
Single-Family Dwelling Affidavit

I, _____, first being duly sworn, on oath, depose and state as follows:

I am the owner of the property located at: _____

Map and Parcel Number: _____

- I am the owner of the property and the dwelling thereon is my primary occupied residence.
- I understand that upon receipt of a comprehensive permit, the unit will be rented in perpetuity to a person or family whose income is 80% or less of the Area Median Income (AMI) of Barnstable Metropolitan Statistical Area (MSA) and the rent (including utilities) shall not exceed the 30% of the monthly income of a household earning 80% or less of the AMI, adjusted by household size. In the event that utilities are separately metered, the utility allowance established by the Barnstable Housing Authority shall be deducted from the rent.
- I am prepared to sign a Regulatory Agreement and Declaration of Restrictive Covenants and to have it recorded at the Barnstable Registry of Deeds upon the issuance of a Comprehensive Permit from the Zoning Board of Appeals.

Sworn to under the pains and penalties of perjury this _____ day of _____ 20_____.

Signed: _____

COMMONWEALTH OF MASSACHUSETTS

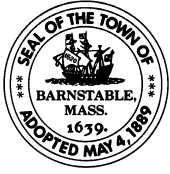
County of Barnstable, ss:

On this _____ day of _____, 2011 before me, the undersigned notary public, personally appeared _____, the Owner, proved to me through satisfactory evidence of identification, which was _____, to be the person who signed the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

Notary Public

Printed: _____

My Commission Expires: _____



Town of Barnstable
Regulatory Services
Richard V. Scali, Director
Public Health Division
Thomas McKean, Director
200 Main Street, Hyannis, MA 02601

Received by Health
Department on

Office: 508-862-4644

Fax: 508-790-6304

**ACCESSORY AFFORDABLE APARTMENT
SEPTIC QUESTIONNAIRE**

Property Address: _____

Assessor's Map/Parcel Number: _____

Applicant(s) Name: _____

Phone: _____ **E-Mail:** _____

Size of Lot: _____

2a. How many bedrooms exist at your property now? _____

2b. How many bedroom are you planning to add as part of the Accessory Affordable Apartment Program application? _____

2c. How many bedrooms total are proposed at this property (including the Accessory unit)? _____

2e. Is the proposed Accessory Apartment contained within:

_____ the main house; OR

_____ a detached structure

2f. Submit floor plans for all buildings on the entire property. Show all existing rooms in the dwelling and the proposed accessory apartment. Label each room clearly. Label measured width of all open doorways. Use straight edge for hand drawn plans and be sure all labeling is legible.

Signed: _____ Date: _____

**ACCESSORY AFFORDABLE APARTMENT
SEPTIC QUESTIONNAIRE
FOR STAFF USE ONLY**

1. Is the dwelling connected to Town sewer? Yes No
2. Dwelling located INSIDE OUTSIDE the Saltwater Estuary Protection Zone
3. Dwelling located INSIDE OUTSIDE public supply well Zone of Contribution
4. Dwelling is connected to ON-SITE WELL PUBLIC WATER
5. Disposal works construction permit on file? Yes No
6. If yes, how many bedrooms were allowed by this permit: _____ bedrooms
7. Were building permits obtained for additional bedrooms? Yes No
8. Engineered septic system plan:
 - a. On file at the Health Division? Yes No
 - b. If proposed accessory unit is detached from principal dwelling, is that plan on file? Yes No
9. Existing septic system capacity is _____ bedrooms

For the accessory unit to receive approval from the Health Department the following action must occur:

- Existing system accommodates proposed additional bedroom(s)
- Upgrade existing system to accommodate additional bedroom(s)
- Must remove a bedroom from the main house
- Must connect detached structure to the existing septic system
- Must install septic system for the detached structure
- Other _____

Signed _____ Date _____