TOWN OF EASTHAM

ACCESSORY DWELLING UNIT (ADU) AFFIDAVIT

2500 State Highway, Eastham, MA 02642
All Departments 508-240-5900
www.eastham-ma.gov

Date:

PROPERTY INFORMATION					
ADU Property Address:		Map:		Parcel:	
OWNER INFORMATION					
Owner Name:					
Owner Address:					
Mailing Address:					
Phone:					
Email:					

Description of property and accessory dwelling unit *(specify which dwelling unit will be used as the ADU):*

_____

_____

REGULATORY COMPLIANCE (Items 1-4 are required)		
1	The Accessory Dwelling Unit (ADU) shall contain no more than two bedrooms. The total number of bedrooms allowed on the subject site shall be limited to the number permitted under Eastham Board of Health regulations and 310 CMR 15.00 - The State Environmental Code, Title 5.	☐
2	Accessory Dwelling Units shall not be larger than 1200 square feet or fifty percent (50%) of the site coverage of the principal dwelling, whichever is smaller.	☐
3	At least one (1) off-street parking space in addition to that required for the principal structure/use is required for each Accessory Dwelling Unit (ADU).	☐
4	**Either the accessory dwelling unit or the principal dwelling to which it is accessory shall be rented and/or leased on a year-round basis. At no time shall both the principal dwelling and the accessory dwelling be rented and/or leased simultaneously for a period of less than twelve (12) consecutive months.**	☐
5	Special Permit Granted by Zoning Board of Appeals (if applicable) **Case #_____**	☐
6	Planning Board Approval Granted (if applicable) **Case #:_____**	☐

This sworn certification is to attest compliance of the accessory dwelling unit (ADU) located at the above address with the requirements of Eastham Zoning Bylaw Section VII – Accessory Uses and all applicable local, state and federal laws and regulations.

Signed under the pains and penalties of perjury:

Property owner signature: _____

Commonwealth of Massachusetts

Barnstable, SS _____, 20___ ,

On this day_____ of _____, 20___, before me, the undersigned notary public personally appeared the above-named _____ , proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and acknowledged to me that (s)he signed it voluntarily for its stated purpose.

Notary Public: _____
My Commission Expires: _____