



MONTAGUE BUILDING DEPARTMENT

Town Hall, One Avenue A, Turners Falls, MA 01376 (413) 863-3200 Ext 206

Accessory Apartment Application

Note: If Special Permit is being filed you must also fill out a Special Permit request form.

Applicant: _____

Address: _____

Phone: _____ Email: _____

Assessors Parcel ID: _____

Type of Accessory Apartment:

ACCESSORY APARTMENT, WITHIN: an Accessory Apartment that is within a single-family dwelling is a self-contained housing unit incorporated within the single family dwelling that is clearly a subordinate part of the single-family dwelling and complies with each of the criteria stated in this bylaw.

The Montague Building Inspector may issue a Building Permit when all criteria are met

ACCESSORY APARTMENT, ATTACHED: an attached Accessory Apartment is a self-contained housing unit added as an addition to a single family dwelling that is clearly a subordinate part of the single family dwelling and complies with each of the criteria stated in this Bylaw. This definition does not include a trailer or mobile home, however mounted.

A Special Permit is required from the Zoning Board of Appeals

ACCESSORY APARTMENT, DETACHED: a detached Accessory Apartment is a self-contained housing unit that is located on the same lot as the structure of a single family dwelling and may be incorporated within a garage or carriage house or other accessory structure or as a stand-alone structure that is clearly subordinate to the primary use as a single family unit and complies with each of the criteria stated in this Bylaw. This definition does not include a trailer or mobile home, however mounted.

A Special Permit is required from the Zoning Board of Appeals

Will principle unit or apartment be occupied by the owner? _____

What is the floor area of the apartment? _____ square feet (max size = 900 square feet)

Is dwelling connected to public water? _____ Public Sewer? _____

If not, the owner must obtain a letter from the Board of Health stating A) that the existing or proposed sewage disposal system is adequate for the proposed Accessory Apartment.

Are water and sewer utilities integrated with the primary dwelling unit? _____

How many parking spaces are provided for the apartment? _____

Are new entrances located on the side or rear of building? _____

Are stairways, access, or egress alterations enclosed, screened, or located so that visibility from public ways is minimized? _____

Check here to acknowledge that the attached Executed Accessory Apartment Deed Restriction will be executed by the owner and filed at the Franklin County Registry of Deeds at the time that the Special Permit is recorded.

Accessory Apartment Checklist: The following document must be included:

A floor plan showing the proposed interior changes to the building or interior of new building

A plot plan showing the proposed construction footprint (Not applicable for apartments within existing structures)

ONLY if on septic system: *letter from the Board of Health stating that the existing or proposed sewage disposal system is adequate for the proposed Accessory Apartment*

ONLY If Special Permit is required:

Zoning Board Special Permit Application form (Included)

Request for Abutters list form (Included)

Filing fee (\$50) plus applicant will be billed for full cost of legal advertisement

Signature of Applicant

Signature of Property owner(s)

To be filled out by Building Department

Date Received By Building Department

Montague Building Inspector

Montague Zoning Bylaw Section 8.5.4 Accessory Apartment Standards

- (a) Only one Accessory Apartment may be created within a single-family dwelling or on a house lot.
- (b) Utilities and water supply shall be integrated with the single-family dwelling.
- (c) The owner(s) of the residence in which the Accessory Apartment is created must continue to occupy at least one of the dwelling units as their primary residence. A covenant, in a form satisfactory to Town Counsel, stating the conditions of any permit issued under this Section must be recorded in the Franklin County Registry of Deeds or Land Court, as appropriate, in the chain of title to the property, with documentation of the recording provided to the Inspector of Buildings, prior to the occupancy of the Accessory Apartment.
- (d) The Accessory Apartment shall be designed so that the appearance of the building remains that of a single-family residence as much as feasibly possible. Any new entrances shall be located on the side or rear of the building. A detached accessory apartment shall be compatible in design with the primary residence. Any stairways, access, or egress alterations serving the Accessory Apartment shall be enclosed, screened, or located so that visibility from public ways is minimized.
- (e) The maximum gross floor area of Accessory Apartment shall be no greater than nine hundred (900) square feet.
- (f) A minimum of two (2) but no more than four (4) off-street parking spaces must be available for use by the owner-occupants and tenants.
- (g) When a property with an Accessory Apartment is sold, the new owner(s), if they wish to continue to exercise the Permit, must, within thirty (30) days of the sale, submit a notarized letter to the Inspector of Buildings stating that they will occupy one of the dwelling units on the premises as their primary residence. This statement shall be listed as a condition on any Permits which are issued under this Section.
- (h) Prior to issuance of a Building or Special Permit, a floor plan must be submitted showing the proposed interior and exterior changes to the building.
- (i) For dwellings to be served by on-site septic system, the owner must obtain a letter from the Board of Health stating that the existing sewage disposal system is adequate for the proposed Accessory Apartment before a Building or Special Permit can be obtained.
- (j) Accessory Apartments in the AF-1, RS-2 and RB districts will not require additional minimum lot size requirements in § 5.5.1, provided that the standard in § 8.5.4 (i) is satisfied.
- (k) In order to encourage the development of housing units for disabled and handicapped individuals and persons with limited mobility, the Inspector of Buildings or the Zoning Board of Appeals may allow reasonable deviation from the stated conditions where necessary to install features that facilitate access and mobility for disabled persons.

ACCESSORY APARTMENT
RESTRICTIVE COVENANT

DEED RESTRICTION

_____ (together, the "Owner"), being the owner(s) of the parcel of land with the building and other improvements thereon located at _____, Montague, Massachusetts, and identified on Assessor's Map _____ as Parcel _____ (the "Property"), having been issued a building permit for an Accessory Apartment or a special permit therefor under Section 8.5 of the Montague Zoning Bylaws (either, the "Accessory Apartment Permit"), agrees that, as consideration for said Accessory Apartment Permit, the Property is subject to the following permanent restrictions and covenants, as required by Section 8.5.4 (c) of the Zoning Bylaws of the Town of Montague:

- (a) that the Property shall contain no more than one single dwelling unit with one accessory apartment unit and that the Owner shall occupy at least one of the units as the Owner's primary residence;
- (b) the Owner shall occupy said unit under a certificate of occupancy granted by the Inspector of Buildings of the Town of Montague under Section 8.5.4 (c) of the Zoning Bylaws;
- (c) that, if the Property is sold or otherwise transferred (whether voluntarily or otherwise) and the new owner intends to continue to exercise the Accessory Apartment Permit, the new owner must, within thirty (30) days of the sale/transfer, submit a letter to the Inspector of Buildings, acknowledged by a notary public, stating that the new owner shall occupy one of the dwelling units on the Property as his/her/their primary residence. Failure to timely file this letter shall result in the termination of the Accessory Apartment Permit; and
- (d) that the Owner shall comply with the other requirements of Section 8.5.4 of said Zoning Bylaws.

This Covenant shall run with the property and shall be binding in perpetuity on the Owner and the Owner's heirs, successors and assigns and is enforceable by the Town of Montague.

This Covenant may be terminated when and if the accessory apartment is converted back to a single family dwelling unit.

For Owner's title, see deed recorded with the Franklin County Registry of Deeds in Book _____, Page _____.

Signed under seal as of this _____ day of _____, 20__.

OWNER:

COMMONWEALTH OF MASSACHUSETTS

_____, ss.

On this _____ day of _____, 20__ before me, the undersigned notary, personally appeared _____, who proved to me through satisfactory evidence of identification, which was photographic identification with signature issued by a federal or state government agency, oath or affirmation of a credible witness, personal knowledge of the undersigned, to be the persons whose name is signed on the preceding or attached document, and each acknowledged to me that they signed it voluntarily for its stated purpose.

_____, Notary Public

My Commission Expires:



MONTAGUE ZONING BOARD OF APPEALS

Town Hall, One Avenue A, Turners Falls, MA 01376 (413) 863 3200 ex 206

Zoning Board Application

For Office Use Only:

Application #: _____ Received by Building Dept: _____
 Reference #: _____ Filed with Town Clerk: _____
 Fee Paid: \$ _____ (65 days from date filed): _____
 Public Hearing Date: _____
 Decision Date: _____
 Book #: _____ Page #: _____ Town Clerk

APPLICANT INFORMATION:

Applicant: _____
 Address: _____

 Telephone: _____
 Fax: _____
 Email: _____

ATTORNEY/DESIGNER/CONSULTANT:

Address: _____
 Telephone: _____
 Fax: _____
 Email: _____

TYPE OF APPLICATION:

- Special Permit Variance
 Comprehensive Permit Site Plan Review
 Appeal from Decision of Building Inspector

PROPERTY INFORMATION:

Property Address/Description:

PROPERTY OWNER:

(if different from applicant)
 Address: _____

 Telephone: _____
 Email: _____

DEED OF PROPERTY RECORDED IN:

Franklin Cty. Reg. of Deeds
 Book: _____ Page: _____
 Map/Parcel: _____
 Zoning District: _____

APPLICABLE ZONING BYLAW SECTION(S): _____

Signature of applicant(s)

Signature of property owner(s)

To be filled out by Montague Building Inspector:

Date Received

Montague Building Inspector



Zoning and Planning

Request for Abutters List

Complete this form for all public hearings required by MGL Chapter 40A (Zoning) and MGL Chapter 41 (Subdivision)

This form will be forwarded by the Zoning Board Appeals or Planning Board, as appropriate to the Assessor's Office. The Assessors will provide a list certifying the names and addresses of abutters within **300** feet of the subject parcel(s) as of the time of the last assessment for taxation made by the Town of Montague.

Name of Owner of Record: _____

Contact person: _____

Contact Phone: _____

Contact Email: _____

Address of Subject parcel(s): _____

Assessors Parcel ID: Map _____ Lot _____

You can find your Parcel ID here: <http://www.mainstreetmaps.com/ma/montague/public.asp>

Check here if you would like the abutters list emailed to you in .pdf format.

Please allow ten days for Assessors Office to process the request.

OFFICE USE ONLY:

Submitted Date:
Submitted By:

Processed Date:
Processed By: