

APPLICATION FOR ACCESSORY APARTMENT

SPECIAL PERMIT # _____

NAME OF APPLICANT:

ADDRESS:

DATE:

SQUARE FOOTAGE OF HOUSE _____ & APARTMENT _____

DATE HOUSE WAS BUILT _____

TO THE PLANNING BOARD:

I/We, the undersigned, believing that I/We are entitled to be permitted to have an accessory apartment in my/our dwelling, do hereby make application for same.

I/We swear that I/We reside at the address shown above and will do so as long as the temporary special permit for an accessory apartment is in effect.

I/We further state that the extra unit will be occupied by a family member who is the:

- | | |
|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Mother | <input type="checkbox"/> Father |
| <input type="checkbox"/> Sister | <input type="checkbox"/> Brother |
| <input type="checkbox"/> Son | <input type="checkbox"/> Daughter |
| <input type="checkbox"/> Uncle | <input type="checkbox"/> Aunt |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather |

of the undersigned or their spouse .

The recording of the present deed is in the Hampden County Registry of Deeds, found in Book _____, Page _____.

Signature of Owner(s). _____

DATE: _____

The above signer(s) did appear before me and made oath to the truth of the above statements.

Notary _____

My Commission expires: _____