



TOWN OF WELFLEET  
Building Department

220 West Main Street  
Wellfleet, MA 02667  
508-349-0309 ♦ fax 508-349-0327

James A. Badera, Jr.  
Building Commissioner

### **Accessory Dwelling Unit (ADU) General Information**

- The Accessory Dwelling Unit Bylaw is intended to provide additional year-round opportunities for Wellfleet residents.
- Accessory Dwelling Units shall be leased for terms of 1 year or more and shall not be used for short term rentals. Owners of the property shall file an annual affidavit attesting to said lease terms.
- Accessory Dwelling Units (ADUs) are regulated by Wellfleet Zoning Bylaw, Sections 2.1, 6.21 and Table 5.3.1.
- Accessory Dwelling units are allowed by right in all Zoning Districts except by Special Permit in the National Seashore Park Zoning District.
- All Accessory Dwelling Units shall satisfy all applicable laws and regulations, including but not limited to, Building, Health, Wetland and Zoning regulations.
- The property shall have a principal dwelling or other principal building before an Accessory Dwelling Unit may be established.
- Accessory Dwelling Units may be detached from, or attached to, or within the principal building.
- More than one Accessory Dwelling Unit may be established on one property, providing compliance with all applicable laws and regulations.
- The Accessory Dwelling Unit must be held in the same ownership as the principal use on the same property. No condominium use or ownership.
- Accessory Dwelling Units shall be no larger than 1,200 square feet of habitable floor area.
- The owners of the property may qualify for a tax exemption if an Accessory Dwelling Unit is leased affordably and satisfies the Special Act of 2010 adopted by Wellfleet voters in May 2011.
- Applications to establish an Accessory Dwelling Unit shall be submitted to the Wellfleet Building Department.



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## **Permit Applications for Accessory Dwelling Units (ADUs)**

### **Materials needed to accompany a Building Permit application to establish an Accessory Dwelling Unit**

- Information identified on Building Department Minimum Requirements for applications to accompany all Building Permit applications for ADUs.
- Submit scaled plans indicating labeled rooms, egress components, fire rated assembly specifications (if attached to principal building), fire alarm locations and energy conservation information.
- Site plan indicating all existing buildings, identifying principal building and use and proposed location of ADU, parking areas, topographical information, locations of septic systems, wells, wetlands and flood plains.
- ADU application addendum document.



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**Establishing an Accessory Dwelling Unit (ADU)**

Pursuant to Wellfleet Zoning Bylaw Sections, 2.1, 6.21 and Table 5.3.1

At the time of Permit application to the Wellfleet Building Department proposing to establish an Accessory Dwelling Unit (ADU), the undersigned owner of the property hereby agrees to lease the ADU for periods of not less than (12) consecutive months.

I am the legal owner of the property located at;

Property Address: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Owner E-Mail: \_\_\_\_\_

Assessor's Map: \_\_\_\_\_ Lot: \_\_\_\_\_

As legal owner of the property noted above, I hereby submit this addendum to a Building Permit application to establish an Accessory Dwelling Unit (ADU) on this property. Any ADU shall satisfy the State Building Code, 780 CMR requirements and must obtain a Certificate of Occupancy prior to occupancy.

I understand that annually, on or about September 1<sup>st</sup>, I will submit an Affidavit as developed by the Wellfleet Building Department attesting to the fact that the ADU is being leased for periods of not less than (12) consecutive months.

If there comes a time that the property noted above is being transferred to a new owner, or that the use and occupancy of the ADU is considering a change, I will notify the Wellfleet Building Department in writing.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_



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**Accessory Dwelling Unit (ADU) Annual Affidavit**

Due September 1<sup>st</sup> or nearest business day

\*\*Wellfleet Zoning Bylaw Sections 2.1, 6.21 and Table 5.3.1

Property Owner

Name (print) \_\_\_\_\_

Principle Dwelling address \_\_\_\_\_

Map \_\_\_\_\_ Parcel \_\_\_\_\_

Mailing address \_\_\_\_\_

Email/Phone \_\_\_\_\_

As legal owner of the Accessory Dwelling Units(s) known as:

# & Street \_\_\_\_\_

I hereby confirm that the Accessory Dwelling Unit(s) identified above will be leased for a minimum term of not less than one year, and not otherwise leased or occupied for any other purpose than a dwelling and in keeping with the standards and conditions of the Wellfleet Zoning Bylaws.

If there comes a time that this property is being transferred to a new owner, or that the use and occupancy of the ADU is considering a change, I will notify the Wellfleet Building Department in writing.

Owner Signature \_\_\_\_\_

Subscribed and acknowledge to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, in Wellfleet, Massachusetts.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Commission Expiration

\_\_\_\_\_  
Notary Registration Number