

Date Stamp



PLANNING DEPARTMENT

TOWN OF WELLESLEY

MASSACHUSETTS

888 Worcester Street, Suite 160
Wellesley, MA 02482
Tel. (781) 431-1019 ext. 2234

Accessory Dwelling Unit Certificate of Compliance

Accessory Dwelling Units are an allowed accessory use when they meet the requirements of Section 5.13 of the Zoning Bylaw. This Certificate of Compliance is to be completed prior to the issuance of a building permit or certificate of occupancy and annually thereafter with a copy submitted to the Planning Department on or before December 31.

Property Owner Name(s):	Phone:
Property Owner Address:	Email:
Zoning District:	
Check one: Initial Certification <input type="checkbox"/> Annual Recertification <input type="checkbox"/>	

Operational Requirements (pursuant to Section 5.13.D)

Initial below to certify compliance with the provisions of Section 5.13.D

A Notice stating that the above-described property includes an Accessory Dwelling Unit has been recorded with the Norfolk Registry of Deeds at (state Book and Page or Certificate of Title Number) _____.

The ADU Property Owner must reside in either the Principal Dwelling or the Accessory Dwelling Unit on the lot for at least 184 days of each calendar year. The ADU Property Owner may not lease the Owner Unit for any duration during periods when the ADU Property Owner is not residing in the Owner Unit.

The minimum leasing term for the unit that is not occupied by the ADU Property Owner shall be the greater of 30 days or such other period governing short term rentals which may be set forth from time to time in the Town Bylaws. The Accessory Dwelling Unit may not be leased more than once in any 30-day period.

There shall be no pickup or delivery of products and/or articles at the premises that is not customary in a residential area.

The Accessory Dwelling Unit may not be used for a Home Occupation.

This certification is to attest to the compliance of the Accessory Dwelling Unit located at the above address with the requirements of the Town of Wellesley Zoning Bylaw Section 5.13 and all other applicable Sections.

Signed this ____ day of _____, 20____

Name (Printed): _____ Signature: _____

Name (Printed): _____ Signature: _____

Commonwealth of Massachusetts

Norfolk, SS

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(s) 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: _____

To Be Completed By Planning Department (if applicable)

Property Address: _____

The Accessory Dwelling Unit described herein has been reviewed pursuant to Section 5.13 of the Town of Wellesley Zoning Bylaw and is in compliance with the provisions Section 5.13.D.

Name (Printed): _____

Signature: _____

Date: _____