



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 Address: []
Mailing Address: []
Phone: []
Email: []

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

[]
[]
[]

REGULATORY COMPLIANCE

Table with 2 columns: Regulatory Requirement and Compliance checkbox. Rows include: ADU bedrooms limit, ADU size limit, parking space requirement, rental restrictions, and permit approval checkboxes.

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: _____