



Building Department

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598
Tel. (914) 962-5722 ext.233 | Fax (914) 962-1731 | Email: building@yorktownny.org

Application for a Special Use Permit - Accessory Dwelling

(Please legibly complete all lines on the application)

Office use only

Application #: _____ Fee Paid: _____ Date: _____ Received by: _____

A total of **6 copies** of the following are to be submitted to the Legal Assistant:

- Application Form
- Floor plan of the house, showing the location of the main units, accessory units, and parking plans
- Property Survey
- *Please check with the Building Department to determine if you need to fill out an Environmental Assessment Form

Fee of \$187.00 C/O fee: \$20.00 Total: \$207.00

All items (1-24) must be completed

DATE: _____

1. New Application or Renewal (check one)

1a: If renewal: Expiration of previous grant _____

1b: If renewal: Have conditions changed since previous grant? Yes No (check one)

If yes, please specify _____

2. Is the accessory dwelling unit existing or proposed (check one)

3. Name of Applicant _____

4. Address of Property _____

5. Address of Applicant (if different than property) _____

6. Tax Designation Section _____ Block _____ Lot(s) _____

7. Lot Area _____

8. Portion of Dwelling occupied by owner:

Location in Dwelling _____

of Rooms _____ # of Bedrooms _____

Square Feet _____

9. Portion of Dwelling occupied by tenant:

Location in Dwelling _____

of Rooms _____ # of Bedrooms _____

Square Feet _____

10. Total Square Feet of Dwelling _____ Total # of Bedrooms _____

11. The accessory dwelling unit will be occupied by Owner Tenant (check one)

12. Number of Vehicles in use for entire residence _____

13. Number of Off Street spaces provided _____

14. Owner of Title (if different from applicant) _____

15. Date owner received title to the property _____

16. Date owner actually occupied the residence _____

17. Has owner continuously occupied the residence since date of initial occupancy?
 Yes No (check one)
 If no, please explain _____

18. Has the house been enlarged by construction of an addition? Yes No (check one)
 If yes, on what date was addition completed? _____

19. Does owner have any boarders living in the premises? Yes No (check one)

20. Telephone Number (Home) _____ (Work) _____

21. Email _____

22. As applicant, I hereby acknowledge that:
- A. The request is for a permit for a period of up to three years.
 - B. The permit must be renewed at the end of such time.
 - C. The property will be maintained in a neat and orderly manner.
 - D. The peace and tranquility of the neighborhood will be insured.
 - E. If conditions change or the property is sold, this permit shall be null and void.
 - F. The permit is not transferable.
 - G. If the application is approved, the applicant agrees to comply with all the requirements of Section 300-38 of the Zoning Ordinance of the Town of Yorktown, and the New York State Fire Prevention and Building Code.
 - H. If I do not continue to comply with the requirements of the permit, it may be revoked.

 Signature of Applicant

 Date

 Signature of Owner (If not applicant)

 Date

NOTICE: Smoke detectors and Carbon monoxide detectors are now required in all homes. The detectors may be battery operated (in existing dwellings and apartments only) or direct-wired, and must be located as follows:

- **SMOKE DETECTORS:** 1 in every bedroom, 1 outside the bedrooms, and 1 on every floor level. This includes the accessory dwelling and the main dwelling.
- **CARBON MONOXIDE DETECTORS:** On the lowest floor level containing a bedroom in each dwelling unit (accessory and main dwelling).
- Please have the smoke detectors and carbon monoxide detectors installed and operational at the time of your accessory dwelling inspection.