



Engineering Department
 Stanley H. Kellerhouse Municipal Building
 One Van Wyck Street
 Croton-on-Hudson, NY 10520-2501
 Tel: 914-271-4783, Fax: 914-271-3790

**Application for Accessory
 Apartment Permit or
 Renewal**

**(Form # Eng-§230-41)
 (Rev. Jan 2016)**

Property Information:

Section: _____ Block _____ Lot _____

Property Location (street address) _____

Zoning District: (circle one) RA5 RA9 RA25 RA40 RA60 RB RC WDD

Property Owner:

Last Name: _____ First Name: _____

Trust/Corporation/LCC: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____ Business phone #: _____

Type of Ownership: Check one type of ownership below and complete information:

Sole Ownership, Joint Tenancy, Tenants in Common or Tenancy in the Entirety: does the owner of the types listed above reside in one of the dwelling units as their primary residence?

If **yes**, please provide documentation and complete the following:

Owner Information

Last Name: _____ First Name: _____

Current Address: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____ Business phone #: _____

LLC or Corporation: does the majority owner of the membership interest or share interest reside in one of the dwelling units as their primary residence?

If **yes**, please provide documentation showing that the member or shareholder residing in the dwelling is the owner of the majority of the membership interest/share interest in the LLC or Corporation that owns the premises and complete the following:

Majority Owner Information

Last Name: _____ First Name: _____

Current Address: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____ Business phone #: _____

Trust: does the Beneficiary or Grantor reside in one of the dwelling units as their primary residence?

If **yes**, please provide Trust documentation showing that the individual below is the beneficiary or grantor and complete the following:

Trust Grantor or Beneficiary Information

Last Name: _____ First Name: _____

Current Address: _____

Home Phone #: _____ Cell Phone #: _____

Email address: _____ Business phone #: _____

Please answer the following:

_____ Is this application for an existing accessory apartment?
 _____ Number of existing dwelling units on property
 Is this building a single-family detached dwelling?
 Is there an existing Professional Office or Bed & Breakfast in the dwelling?
 Is the required survey of the property attached?
 Are required scaled floor plans for the entire dwelling showing the proposed accessory apartment attached?
 _____ What is the square footage of the entire habitable floor area of the existing single family detached dwelling?
 _____ What is the square footage of the habitable floor area of the accessory apartment (400 sq. ft. min., 750 sq. ft. maximum or no more than 33% of habitable floor area of the dwelling)
 Are any additions to the single family dwelling proposed?
 If additions to the dwelling are proposed, are the required scaled plans (plan view and elevation plan) for the addition attached?
 If an addition is proposed, does the building maintain the character and appearance of a single-family dwelling? If yes, elevation views of the existing building with the proposed addition shall be provided along with pictures of the existing building.
 Does the accessory apartment have a separate entrance?
 Is the accessory apartment entrance visible from the street?
 Is there a single entrance with a foyer or hallway to the two dwelling units?
 Is the residence currently connected to the Village's sanitary sewer system?
 _____ Number of existing off-street parking spaces (min. of 3 required)
 Does the off-street parking need to be expanded to satisfy the 3 required off-street parking spaces? If yes, show proposed additional off-street parking on survey. Note: in RA5 zoning district, expansion of off-street parking is not permitted.

Requirements/conditions:

- o Planning Board Approval (please contact Planning Bd. Secretary for meeting dates)
- o Approval runs with the property owner.
- o Scaled floor plans with floor areas labeled shall be submitted
- o Please be advised that written notification by the Village will be given to property owners within 100 ft. of subject property 15 days prior to the Planning Board meeting.
- o Owner must occupy at least one of the dwelling units as his primary residence
- o Approval will become null & void within ninety (90) days of any of the following events:
 - death of all property owners
 - change in residence of all property owners who were residing in the house when permit was granted
 (Note: the Planning Board may grant a 90 day extension for good cause)
- o Only one (1) accessory apartment per property containing a single-family detached dwelling
- o No accessory apartment shall be permitted on premises with a Professional Office or Bed & Breakfast use
- o Accessory apartment permitted only within the main structure
- o Habitable floor area shall be no less than 400 sq. ft. and no greater than the lesser of 750 sq. ft. or 33.3% of the habitable floor area of the dwelling
- o The building shall maintain the character and appearance of a single-family dwelling
- o If the premises are not served by the Village sewer system, Westchester Co. Dept. of Health approval required.
- o Please be advised that all necessary documents must be submitted (8 copies and PDF) and fee must be paid prior to review by the Planning Board.

I, certify that the above information is accurate, and I am the property owner or authorized by the owner to file this application on their behalf and that I will indemnify and hold the Village harmless against any damage or injury that may be caused by or arise out of any entry onto the property in connection with the processing of the application.

Applicant Name (please print)	Applicant's Signature	Date
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Corporate/Trust Name (please print)	Authorized Signature & Title	Date
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FOR VILLAGE USE ONLY:

Fee: \$ _____ Date paid: _____ Received by: _____
 (See current fee schedule)
 Account review: (Zero Bal.). (Other) _____ Date: _____
 PB Notice date: _____ Meeting date: _____ Approval date: _____

Does the lot size conform to Zoning District requirements?

The granting of permit for Accessory Apartment is a Type II Action under SEQSRA