



**Building Department**

Town Hall, 363 Underhill Avenue, Yorktown Heights, NY 10598  
Tel. (914) 962-5722 ext.233 Fax (914) 962-1731

Application for a Special Use Permit  
Accessory Dwelling

**All items (1-24) must be completed**

DATE: \_\_\_\_\_

1. Name of Applicant(s) \_\_\_\_\_

2. Address \_\_\_\_\_

3. Telephone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

4. Location of Property \_\_\_\_\_  
\_\_\_\_\_

5. Tax Designation Section \_\_\_\_\_, Block \_\_\_\_\_, Lot(s) \_\_\_\_\_

6. Lot Area \_\_\_\_\_

7. Owner of Title (if different from applicant) \_\_\_\_\_

8. Address of Owner \_\_\_\_\_

9. Applicant's Attorney (if applicable):

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

10. Portion of Dwelling occupied by owner:

Location \_\_\_\_\_

# of Rooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Square Feet \_\_\_\_\_

11. Portion of Dwelling occupied by tenant:

Location \_\_\_\_\_

# of Rooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_

Square Feet \_\_\_\_\_

12. Total Square Feet of Dwelling \_\_\_\_\_ Total # of Bedrooms \_\_\_\_\_

13. The accessory dwelling unit will be occupied by owner  Tenant  (check one)

14. Original application  or renewal  (check one)

Expiration of previous grant if a renewal \_\_\_\_\_

15. Have conditions changed since previous grant? Yes  No  (check one)

If yes, please specify \_\_\_\_\_

16. Number of Vehicles in use for entire residence \_\_\_\_\_

17. Number of Off Street spaces provided \_\_\_\_\_

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

19. Date owner received title to the property \_\_\_\_\_

20. Date owner actually occupied the residence \_\_\_\_\_

21. Has owner continuously occupied the residence since date of initial occupancy?

Yes  No  (check one)

If no, please explain \_\_\_\_\_

22. Has the house been enlarged by construction of an addition? Yes  No  (check one)

If yes, on what date was addition completed? \_\_\_\_\_

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

24. 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, 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 each floor level containing a bedroom, in each dwelling unit (accessory and main dwelling), within 15 feet of every bedroom, and on each floor level containing a carbon monoxide source.
- Please have the smoke detectors and carbon monoxide detectors installed and operational at the time of your accessory dwelling inspection.

Office use only

DATE: \_\_\_\_\_ FEE PAID: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_