



**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](mailto: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 Building Department:

- 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**

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

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

1.  New Application or  Renewal (check one)  
If renewal: Expiration of previous grant \_\_\_\_\_

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

3. Address \_\_\_\_\_

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

5. Location of Property \_\_\_\_\_

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

7. Lot Area \_\_\_\_\_

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

9. Address of Owner \_\_\_\_\_

10. Applicant's Attorney (if applicable):  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

11. Portion of Dwelling occupied by owner:  
Location \_\_\_\_\_  
# of Rooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Square Feet \_\_\_\_\_

12. Portion of Dwelling occupied by tenant:

Location \_\_\_\_\_  
# of Rooms \_\_\_\_\_ # of Bedrooms \_\_\_\_\_  
Square Feet \_\_\_\_\_

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

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

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, 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.