

TOWN OF SOUTHEAST BUILDING DEPARTMENT
One Main Street, Brewster, NY 10509 845-279-2123

ACCESSORY APARTMENT RENEWAL APPLICATION

Accessory Apartment Permit # _____ Date Application Received _____ Permit Issue Date _____ Approved by Zoning _____, Bldg _____ (office use only)

Application must also include one copy of the following:

1. Copy of property survey **stamped and signed by a Licensed Surveyor**, at a scale of 40:1, showing all buildings, structures, walks, drives, other physical features of the premises, and the number, location, and access of existing on-site vehicle parking facilities *(not required if a survey is already on file and no changes have been made)*.
2. Proof of Septic System cleaning within the past 3 years and satisfactory well water test results for coli form bacteria within the past 6 months.
3. Copy of Certificate of Occupancy for the structure *(not required if a copy is already on file)*.
4. Floor plans of the Principal Dwelling and the Accessory Apartment *(not required if such plans are already on file and no alterations have been made)*.

LOCATION OF PREMISES (911 address) _____ TAX MAP _____

OWNER _____ ADDRESS _____ PHONE _____
EMAIL _____

MANAGING AGENT OR OPERATOR _____
ADDRESS _____ EMAIL _____ PHONE _____

LOCATION OF ACCESSORY APARTMENT WITHIN THE BUILDING: _____

DESCRIPTION OF ACCESSORY APARTMENT WITHIN THE BUILDING

TOTAL NO. OF ROOMS _____ NO. OF BEDROOMS _____ DIMENSIONS OF EACH BEDROOM _____

NO. OF BATHS _____ NUMBER OF OTHER ROOMS _____ DIMENSIONS & USE OF OTHER ROOMS _____

NUMBER TENANTS IN THIS UNIT _____

REQUIRED TOTAL FEES for 3 Year Accessory Apartment Permit - \$300.00

I, (please print) _____ the OWNER or OPERATOR OF PREMISES (circle one), do hereby certify that the above statements are true to my knowledge.

Signature of Applicant _____ Date _____