

**APPLICATION FOR A SPECIAL PERMIT FOR AN ACCESSORY APARTMENT  
TOWN OF NORTH CASTLE BUILDING DEPARTMENT**

17 BEDFORD ROAD ARMONK, NY 10504 PHONE # (914) 273-8625

Applicant: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Residence Address: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_ Zoning District: \_\_\_\_\_

Size of Residence (Sq. Ft.) \_\_\_\_\_ Does Applicant Reside on Property? YES or No

Proof of Ownership: \_\_\_\_\_ and/or Date of Last Transfer \_\_\_\_\_

Proposed or Existing Accessory Unit:

Size (Sq. Ft.) \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_

Type (Please check one): \_\_\_\_ Attached to Principal Dwelling; \_\_\_\_ Garage Apartment; \_\_\_\_ Cottage

Name & Address of Registered Architect or Engineer who will prepare the site plan application:

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

APPLICATION REQUIREMENTS

Please submit the following items as part of the application for a special permit for an accessory apartment:

- Survey of the property of a scale of 1" = 20' to 1" = 100' showing the following:
  - Location of property in relation to adjacent properties and streets (may be waived)
  - Location and design of all buildings and structures
  - Location of driveway(s) and parking
  - Location of water supply and sewage disposal systems
  - Location of entrance to accessory unit
- Detailed plan showing the following:
  - Proposed division of the principal dwelling showing the accessory unit
  - Floor plan of the floor space by type of use and by floor level
- Description of the provision of utilities to the accessory apartment:
  - Water Supply System (Please check one): \_\_\_\_\_ Public Water \_\_\_\_\_ Private Well
  - Sewage Disposal System (Please check one): \_\_\_\_\_ Public Sewer \_\_\_\_\_ On site septic

Certification by Applicant:

I certify that the information submitted is to the best of my knowledge, true and accurate. I further certify that I am the resident owner of the subject property and will notify the Town of North Castle should I change my principal residence. I further agree to abide fully to the requirements of the Zoning Ordinance and of the Land Subdivision Regulations of the Town of North Castle.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date