



TOWN OF PAWLING

The Pride of the Harlem Valley

Town Hall

154 Charles Colman Blvd.

Pawling, NY 12564

jdaley@pawling.org

buildinginspector@pawling.org

Gary E. Beck, Jr.
Building & Zoning Administrator

Tom Keith
Deputy Building Inspector
Stormwater Management Officer

JoAnne Daley
Planning/Zoning/Environmental
Department (845) 855-0959

Application for an Accessory Dwelling

Date: _____

All Items (1-22) must be completed (All entries must be legible):

1. Name of Applicant(s): _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Telephone Number(s): Home #: _____ Cell #: _____

Work #: _____ E-mail Address: _____

4. Location of Property: _____

5. Tax Map Number: 134089 - _____ - _____ - _____ - _____

6. Parcel Acreage: _____ Zoning District: _____

7. Property Owner of Title (If different from applicant): _____

8. Address of Property Owner: _____

9. Applicants Attorney: (if applicable)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

10. Portion of Dwelling Occupied by Owner:

Location: _____

Number of Bedroom(s): _____

Square Feet: _____

11. Portion of the Dwelling occupied by Tenant:

Location: _____

Number of Bedroom(s): _____

Square Feet: _____

12. Total Square Footage of Residence: _____ Total # of Bedrooms: _____

13. The Accessory Dwelling Unit will be occupied by Owner Tenant (check one)

14. Size of the Sanitary Sewer Disposal System (SSDS)? _____

Dutchess County Board of Health review and approval is required:

15. A current survey is required showing the well and septic system location:

16. Number of vehicles utilized by the apartment occupants: _____

Number of vehicles utilized by main dwelling occupants: _____

17. Is the Accessory Dwelling Unit Existing? Or Proposed? (check one)

18. Date owner actually occupied the residence: _____

19. Has owner continuously occupied the residence? Yes No (check one)

If no, please explain _____

20. Has the residence been enlarged by construction of an addition(s)? Yes No (check one)

If yes, on what date was the addition completed? _____

21. Did the addition require an area variance? Yes No (check one)

If so, what was the date of the area variance? _____

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

As the applicant, I hereby acknowledge that:

- I/We the owners understand that the premises that are the subject of this application shall remain owner occupied at all times. Failure to do so shall result in the special use permit becoming null and void.
- I/We understand that there shall be no more than one apartment on the premises at all times.
- The property must be maintained in a neat and orderly manner.
- The peace and tranquility of the neighborhood will be insured.
- If conditions change or the property is sold, this permit shall be null and void.
- The permit is not transferrable.
- If the application is approved, the applicant agrees to comply with all the Code of Pawling Town Code and the New York Fire Prevention and Building Code (or as amended).

All applications must be signed by all owners listed on the deed: Print and Sign:

Print:

Signature:

Date: _____

Date: _____

Date: _____

Date: _____

Date: _____

For Office Use Only:

Application Number: _____

Application Fee: _____

Technical Fee: _____