



# TOWN OF PAWLING

*The Pride of the Harlem Valley*

Town Hall

154 Charles Colman Blvd.

Pawling, NY 12564

[jdaley@pawling.org](mailto:jdaley@pawling.org)

JoAnne Daley  
Planning/Zoning/Environmental  
Department

Tel (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.
- 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: \_\_\_\_\_

\_\_\_\_\_

For Office Use Only:	
Application Number: _____	
Application Fee: _____	Technical Fee: _____