



**TOWN OF OSSINING
BUILDING DEPARTMENT
OSSINING OPERATIONS CENTER
Route 9A, P.O. Box 1166
Ossining, NY 10562**

**(914) 762-8419
FAX (914) 944-0195**

APPLICATION FOR AN ACCESSORY/SECOND DWELLING UNIT

Name of Applicant(s) _____ Date _____

Address _____

Telephone Number (Home) _____ (Work) _____

Location of Property _____

Tax Designation, Section _____, Plate _____, Block _____, Lot _____ Survey Submitted _____

Portion of Dwelling occupied by owner:

Location _____

No. of Rooms _____ No. of Bedrooms _____

Square Feet _____

Portion of Dwelling occupied by tenant:

Location _____

No. of Rooms _____ No. of Bedrooms _____

Square Feet _____

Total Square Feet of Dwelling _____ Floor Plans submitted _____

Is this application an Original _____ or a Renewal _____

Expiration date of previous grant if a renewal _____ Have there been changes since the previous grant _____, if yes, please specify _____

Number of Vehicles in use for entire residence _____

Is the accessory dwelling unit existing _____ proposed _____

Signature of Applicant _____ Date _____

Signature of Building Inspector _____ Date _____

Application fee of \$300.00 for initial application; \$50.00 for each renewal, provided that no changes are made. The initial term of the special permit shall be one year. Renewals shall be for three years provided ownership remains unchanged and all conditions of the permit and of the Town's Zoning Ordinance are met. Renewal is required 90 days prior to expiration.