Village of **Croton-on-Hudson**

Engineering Department
Stanley H. Kellerhouse Municipal Building
One Van Wyck Street
Croton-on-Hudson, NY 10520-2501
Tel: 914-271-4783
engineering@crotononhudson-ny.gov

Application for Accessory Apartment Permit

(Form # Eng-§230-41)
(Revised 12 2022)

Application Date: 10/3/23 **Application #:** 20230474

Property Information: Section: 79.13 Block: 2 Lot: 56

Property Location (street address): 22 Young Ave

Zoning District (check one): ☑ RA-5 ☐ RA-9 ☐ RA-25 ☐ RA-40 ☐ RA-60 ☐ RA-5 ☐ RB ☐ WDD

Property Owner:

Last Name: Gagliotti First Name: Anthony MI:

Trust/Corporation/LLC:

Address: 22 Young Ave

Address: Croton on Hudson NY 10520

Phone #: - Cell #: [redacted] E-mail: -

Type of Ownership: Check one type of ownership below and complete information:

☑ ***Sole Ownership*** ☐ ***Joint Tenancy*** ☐ ***Tenants in Common*** ☐ ***Tenancy in the Entirety***

Does the owner of the types listed above reside in one of the dwelling units as their primary residence?

YES ☑ NO ☐ If **yes**, please provide documentation and complete the following:

Owner Information (same as above ☑):

Last Name: First Name: MI:

Address:

Address:

Phone #: Cell #: E-mail:

☐ ***LLC or Corporation: does the majority owner of the membership interest or share interest reside in one of the dwelling units as their primary residence?*** YES ☐ NO ☐

If **yes**, please provide documentation showing that the member or shareholder residing in the dwelling is the owner of the majority of the membership interest/share interest in the LLC or Corporation that owns the premises and complete the following:

Majority Owner Information:

Last Name: First Name: MI:

Current Address:

Address:

Phone #: Cell #: E-mail:

☐ ***Trust: does the Beneficiary or Grantor reside in one of the dwelling units as their primary residence?***

YES ☐ NO ☐ If **yes**, please provide Trust documentation showing that the individual below is the beneficiary or grantor and complete the following:

Trust Grantor or Beneficiary Information:

Last Name: First Name: MI:

Address:

Address:

Phone #: Cell #: E-mail:

The granting of permit for Accessory Apartment is a Type II Action under SEQR.

Please answer the following:

Is this application for an existing accessory apartment? YES ☑ NO ☐ last renewal in 1992
Number of existing dwelling units on property. 2 applied for renewal in 1994
Is this building a single-family detached dwelling? YES ☑ NO ☐ but PB did not act on
Is there an existing Professional Office or Bed & Breakfast in the dwelling? YES ☐ NO ☑ application
Is the required survey of the property attached? YES ☑ NO ☐
Are required scaled floor plans for the entire dwelling showing the proposed accessory apartment attached? YES ☐ NO ☐
What is the square footage of the entire habitable floor area of the existing single family detached dwelling? 1980
What is the square footage of the habitable floor area of the accessary apartment (400 sq. ft. min., 750 sq. ft. maximum or no more than 33% of habitable floor area of the dwelling? 435 (22%)
Are any additions to the single-family dwelling proposed? YES ☐ NO ☑
If additions to the dwelling are proposed, are the required scaled plans (floor plans and elevation plans) for the addition attached? ~~YES~~ ☐ ~~NO~~ ☐ NA
If an addition is proposed, does the building maintain the character and appearance of a single-family dwelling? ~~YES~~ ☐ ~~NO~~ ☐ NA
(elevation views of the existing building with the proposed addition shall be provided along with pictures of the existing building)
Does the accessory apartment have a separate entrance not observable from the street? YES ☑ NO ☐
Is there a single entrance with a foyer or hallway to the two dwelling units? YES ☐ NO ☑
Is the residence currently connected to the Village's sanitary sewer units? YES ☑ NO ☐
Number of existing off street parking spaces (min of 3 required). 4
Does the off-street parking need to be expanded to satisfy the 3 required off street parking spaces? YES ☐ NO ☑ If yes, show proposed additional off-street parking on survey or site plan. Note: in RA5 zoning district, expansion of off-street parking is not permitted.
Does the lot size conform to the requirements of the zoning district in which the lot is located YES ☑ NO ☐, if no has a variance been granted by the Zoning Board of appeals. YES ☐ NO ☐ NA ☑

Requirements/conditions

- Planning Board Approval (please contact Planning Bd. Secretary for meeting dates)
- Approval runs with the property owner.
- Scaled floor plans with floor areas labeled shall be submitted
- Please be advised that written notification by the Village will be given to property owners within 100 ft. of subject property prior to the Planning Board meeting.
- Owner must occupy at least one of the dwelling units as their primary residence.
- Approval will become null & void within ninety (90) days of any of the following events:
  - death of all property owners
  - change in residence of all property owners who were residing in the house when permit was granted
    (Note: The Planning Board may grant a 90-day extension for good cause)
- Only one (1) accessory apartment per property containing a single-family detached dwelling
- No accessory apartment shall be permitted on premises with a Professional Office or Bed & Breakfast use
- Accessory apartment permitted only within the main structure
- Habitable floor area shall be no less than 400 sq. ft. and no greater than the lesser of 750 sq. ft. or 33.3% of the habitable floor area of the dwelling.
- The building shall maintain the character and appearance of a single-family dwelling.
- If the premises are not served by the Village sewer system, Westchester Co. Dept. of Health approval required.
- Please be advised that all necessary documents must be submitted (8 copies and PDF) and fee must be paid prior to review by the Planning Board.

I, certify that the above information is accurate, and I am the property owner or authorized by the owner to file this application on their behalf and that I will indemnify and hold the Village harmless against any damage or injury that may be caused by or arise out of any entry onto the property in connection with the processing of the application.

Anthony Gagliotti	Anthony Gagliotti	10/3/23
Applicant's Name (please print)	**Applicant's Signature**	**Date**
—	—	—
Corporate/Trust Name (please print)	Authorized Signature & Title	Date

FOR VILLAGE USE ONLY:

Fee $ 0 Fee Paid (date): _____ Received by: KS

APPROVED BY: _____
TITLE: _____
DATE: _____

Account review: ☐ (zero Bal) ☐ (other) _____ Date: _____
PB Notice date: _____ Meeting date: _____ Approval date: _____