

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 10 2024)

Application Date: 3.31.2025 Application #: 20250146

Property Information: Section: 67.20 Block: 2 Lot: 31

Property Location (street address): 2 LOUNSBURY RD.

Zoning District (check one): ☐ RA-5 ☒ RA-9 ☐ RA-25 ☐ RA-40 ☐ RA-60 ☐ O-1 ☐ RB ☐ WDD

Property Owner: Last Name: GARSCHAGEN/HAWLEY First Name: WALTER / LYNN MI: R.

Company/LLC/Trust Name: _____

Street Address: 2 LOUNSBURY RD.

City: CROTON-ON-HUDSON State: NY Zip: 10520

Phone #: _____ -mail: h

Complete the one applicable type of ownership section below (A, B or C):

A ☒ **Sole Ownership** ☐ Joint Tenancy ☐ Tenants in Common ☐ Tenancy in the Entirety
Does the owner of the types listed above reside in or will reside in one of the dwelling units as their primary residence?

YES ☒ NO ☐ If yes, which dwelling unit: Primary house

B ☐ **LLC or Corporation: does the majority owner of the membership interest or share interest reside in or will 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: If yes, which dwelling unit: _____

Majority Owner Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ E-mail: _____

C ☐ **Trust: does the Beneficiary or Grantor reside in or will 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: If yes, which dwelling unit: _____

Trust Grantor or Beneficiary Information:

Last Name: _____ First Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell #: _____ E-mail: _____

Please answer the following:

I am applying for an accessory apartment ☐ or accessory cottage ☒

Is the accessory apartment existing? YES ☐ NO ☐ NA ☒

Is the accessory cottage a conversion of an existing accessory building? YES ☐ NO ☒ NA ☐

Is the primary building a single-family detached dwelling? YES ☒ NO ☐

Is the required survey of the property attached? YES ☒ NO ☐

Are required scaled floor plans for the entire dwelling showing the proposed accessory apartment or plans for the accessory cottage attached: YES ☒ NO ☐

What is the square footage of the entire habitable floor area of the existing single family detached dwelling? 2,090 What percentage of that area is the accessory apartment (no more than 40% of habitable floor area of the dwelling in which it is contained)? _____

What is the square footage of the habitable floor area of the accessory apartment/accessory cottage unit (300 sq. ft. min., 800 sq. ft. maximum): 697 sq. ft.

Is an existing accessory building being converted into an accessory cottage? YES ☐ NO ☒ If yes what date was the accessory building constructed _____ and what are the setbacks to the property line(s) _____ (if built after 1/20/24 a 10-foot minimum setback is required)?

If the size of the accessory apartment or cottage is lessor or greater than the above limitations provide a narrative and additional information as to why a lessor or greater size is warranted by the specific circumstances of the particular building or lot.

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/cottage 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 ☐ NA ☒

Is the residence currently connected to the Village's sanitary sewer system? YES ☒ NO ☐

Number of existing off-street parking spaces existing 4 and proposed. 4 (same)

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: contact Planning Bd. Secretary for meeting dates and submission deadlines.
- The granting of permit for Accessory Apartment is a Type II Action under SEQR.
- Approval runs with the property owner. Any new owner must notify the Building Department within 90 days of ownership of intent to occupy one of the dwelling units.
- 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.
- The owner must occupy at least one of the dwelling units as their primary residence as indicated above.
- An accessory cottage must be in the side or rear yard, shall have a minimum setback from side and rear property lines of 10 feet and project no closer to the street than the primary structure.
- An accessory cottage shall have a maximum height of 15 feet.
- Only one (1) accessory apartment/cottage per property containing a single-family detached dwelling is permitted.
- If the premises are not served by the Village sanitary sewer system, Westchester Co. Dept. of Health approval is required.
- Please be advised that all necessary documents must be submitted (8 copies and PDF files) and application 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.

WALTER GARSCHAGEN

Applicant's Name (please print)

LYNN HAWLEY

Applicant's Signature



Date

3/31/2025

Corporate/LLC/Trust Name (please print)

Authorized Signature & Title

Date

FOR VILLAGE USE ONLY:

Fee \$ 300.00

Fee Paid (date): 3/31/25

Received by: KS

Account review: ☒ (zero Bal)

☐ (other)

Date: _____

PB Notice date: 4/1/25

Meeting date: _____

Approval date: _____