

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: NOVEMBER 24 2025

Application #: 20260011

Property Information: Section: 2203 (68) Block: 017 (3) Lot: 00003 (54)

Property Location (street address): 284 GRAND STREET

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

Property Owner:

Last Name: CORBETT First Name: JAMES MI: _____

Company/LLC/Trust Name: _____

Street Address: 284 GRAND ST

City: CROTON ON HUDSON

State: NY Zip: 10520

Phone #: _____ Cell #: _____

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: MAIN 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: CORBETT First Name: JAMES

Street Address: 284 GRAND STREET

City: CROTON ON HUDSON

State: NY Zip: 10520

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

DETACHED GARAGE

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? 1654 sq ft. 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): 499 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

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

Number of existing off-street parking spaces existing 4-5 and proposed. _____

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

- o Planning Board Approval: contact Planning Bd. Secretary for meeting dates and submission deadlines.
- o The granting of permit for Accessory Apartment is a Type II Action under SEQR.
- o 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.
- o Scaled floor plans with floor areas labeled shall be submitted.
- o 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.
- o The owner must occupy at least one of the dwelling units as their primary residence as indicated above.
- o 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.
- o An accessory cottage shall have a maximum height of 15 feet.
- o Only one (1) accessory apartment/cottage per property containing a single-family detached dwelling is permitted.
- o If the premises are not served by the Village sanitary sewer system, Westchester Co. Dept. of Health approval is required.
- o 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.

JAMES CORBETT
Applicant's Name (please print)


Applicant's Signature

NOV. 24 2025
Date

Corporate/LLC/Trust Name (please print) _____ Authorized Signature & Title _____ Date _____

FOR VILLAGE USE ONLY:

Fee \$ 300 Fee Paid (date): 1/12/26 Received by: KS
 Account review: (zero Bal) (other) _____ Date: _____
 PB Notice date: _____ Meeting date: _____ Approval date: _____