

**Town of Southeast**  
 67 Main Street, Brewster, New York 10509

**CHARLES TESSMER**  
 Code Enforcement Officer

**BILL SCORCA**  
 Code Enforcement Officer

Telephone (845) 279-8873  
 Fax (845) 279-2971



Approve	Yes /No	Initial	Date
Need Information			
Review By Building Insp.			
Review By Zoning			

## ACCESSORY APARTMENT PERMIT APPLICATION

**Application must also include one copy of the following:**

- Copy of property survey **stamped and signed by a Licensed Surveyor**, at a scale of 40:1, showing all buildings, structures, walks, drives, other physical features of the premises, and the number, location, and access of existing on-site vehicle parking facilities.
- Proof of Septic System cleaning within the past 3 years and satisfactory well water test results for coli form bacteria within the past 6 months.
- Copy of Certificate of Occupancy (ies) for the structure.
- Floor plans of the Principal Dwelling and the Accessory Apartment.

LOCATION OF PREMISES (911 address) \_\_\_\_\_ TAX MAP \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

OWNER \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

MANAGING AGENT  
 OR OPERATOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**DESCRIPTION AND LOCATION OF ACCESSORY APARTMENT WITHIN THE BUILDING**

TOTAL NO. OF ROOMS \_\_\_\_\_ NO. OF BEDROOMS \_\_\_\_\_ DIMENSIONS OF EACH BEDROOM \_\_\_\_\_

NO. OF BATHS \_\_\_\_\_ NUMBER OF OTHER ROOMS \_\_\_\_\_ DIMENSIONS & USE OF OTHER ROOMS \_\_\_\_\_

**DESCRIPTION OF OCCUPANTS IN THIS UNIT:**

NUMBER TENANTS IN THIS UNIT \_\_\_\_\_

**REQUIRED FEE**

**TOTAL FEES for 3 Year Accessory Apartment Permit \$ 250.00**

I, (please print) \_\_\_\_\_ the OWNER or OPERATOR OF PREMISES (circle one), do hereby certify that the above statements are true to my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_