

For Office Use Only:

TAX MAP # \_\_\_\_\_ APP # \_\_\_\_\_ RECEIPT # \_\_\_\_\_ INSPECTION DATE \_\_\_\_\_

Town of Huntington  
Accessory Apartment Bureau  
100 Main Street, Room 205, Huntington, NY 11743

**Owner Occupied Accessory Apartment Application** (revised 3/2018tb)

**SECTION 1:** Type of Application ( ) NEW ( ) RENEWAL ( ) TRANSFER

**SECTION 2:** Owner(s) Information/Contract Vendee(s) Information

Name of all owner(s) on deed (contract) \_\_\_\_\_

Apartment Address \_\_\_\_\_

Mailing Address if different from above \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_ BUSINESS PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name(s) of Adult Occupant(s) in Main Dwelling: \_\_\_\_\_

**SECTION 3:** Apartment Information: **ALL QUESTIONS MUST BE COMPLETED**

Number of vehicles utilized by: apartment occupants \_\_\_\_\_ main-dwelling occupants \_\_\_\_\_

Apartment occupied (please circle) Yes No by a family member Yes No Lease expiration date \_\_\_\_\_ no lease

Name(s) of Adult Occupant(s) in Apartment \_\_\_\_\_

Number of apartment children occupant(s) Under 5 years \_\_\_\_\_ 5-18 years \_\_\_\_\_

**SECTION 4: OWNER AFFIDAVIT**

I swear the following is true:

1. I / We are the owner's in fee of the premises described above or are in contract for the same.
2. I / We have read this application and know the information is true and accurate, and sign this affidavit with full knowledge that the Town of Huntington is relying on these representations as a basis to issue an Accessory Apartment permit.
3. I / We shall fully comply with all the NYS fire prevention and building codes requirements of the Town code of the Town of Huntington.
4. I / We fully understand any violation of building and housing code, local laws and ordinances shall result in any special use permit issued to me / us becoming null and void.
5. I / We consent to periodic inspections pursuant to §198-136(D)
6. I / We will give the Town of Huntington Accessory Apartment Bureau proper notice of removal of said apartment to comply with Town Code and I/We will schedule a removal inspection within thirty (30) days of removal.
7. I / We understand that there shall be no more than one accessory apartment on the premises at all times.
8. I / We understand that the premises that are the subject of this application shall remain owner occupied at all times. Failure to do so shall result in the special use permit becoming null and void.
9. I / We represent that all statements contained in this application are true and accurate.

False statements made herein are punishable as a class "A" misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.

**ALL APPLICATIONS MUST BE SIGNED BY ALL OWNERS LISTED ON THE DEED AND NOTARIZED**

Signature of Owner/Contract Vendee

Signature of Owner/ Contract Vendee

\_\_\_\_\_

\_\_\_\_\_

**MUST BE NOTARIZED**

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**MUST BE NOTARIZED**

Sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

\_\_\_\_\_

**TO ASSIST IN PAYMENT WE ACCEPT: AMEX, Discover, MasterCard & Visa. Simply fill out all information below.**

TYPE OF CREDIT CARD: \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

3 DIGIT CODE ON BACK OF CREDIT CARD ON SIGNATURE BAR (following account #) \_\_\_\_\_

CARDHOLDER SIGNATURE X \_\_\_\_\_ DATE \_\_\_\_\_

Card member acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth by the card member's agreement with the issuer. Revised 3/2018tb