

For Office Use Only:

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

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

**Non-Owner Occupied Accessory Apartment Renewal Application** (revised 3/2018th)

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

**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: \_\_\_\_\_

Number of children occupant(s) in Main Dwelling: Under 5 years \_\_\_\_\_ 5-18 years \_\_\_\_\_

**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 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 3/2018th