



Town of Poughkeepsie

Planning & Zoning

1 Overocker Road
Poughkeepsie, NY 12603

845-485-3657 Phone
845-486-7885/790-4772 Fax

Town of Poughkeepsie Zoning Board of Appeals

Application for Accessory Apartment Special Use Permit

Name of Project (if applicable): _____

Name of Applicant(s): _____

Address: _____

Telephone: _____

Name and Address of Record Owner(s): _____

Name and Address of Attorney or professional representative: _____

Telephone: _____

Street Address of all parcels: _____

Tax Map Number of all parcels: _____

Zoning District: _____

Have any permits affecting the property been issued by any other governmental agency?

No _____ Yes _____. If yes, please list in detail (attach separate pages if necessary):

Has any application(s) for any other permit(s) for any activity affecting the property been submitted to any other governmental agency? No _____ Yes _____. If yes, please list in detail (attach separate pages if necessary):

Attach a copy of the current deed and any easements affecting the property.

A) For Accessory Apartment Special Use Permit Applications:

Provide a description of the proposed activity with regard to the following standards. (Attach additional pages as necessary):

1) Month and year the home was constructed?

2) Is the home owner occupied?

3) Is there a Certificate of Occupancy for the home? If yes, what date was it issued?

4) Month and year the apartment was constructed?

5) What is the total square footage of the home?

6) What is the total square footage of the apartment?

7) How many bedrooms are in the apartment?

8) What is the water supply source (i.e. municipal water or private well)?

9) What is the method of waste disposal (i.e. municipal sewer or private septic)?

10) How will the apartment be identified for emergency services?

11) Is there a separate entrance for the apartment?

12) Where is the stairway and fire escape located?

13) How many parking spaces are there on the lot?

14) Are there any open Building Permits or Violations regarding the property?

By His/Her signature the Applicant avows that: 1) He/She has read this application and is familiar with its content; and 2) He/She has read, is familiar with, and understands the requirements of the Town Poughkeepsie Code provision(s) affecting or regulating the project for which this application is made; and 3) He/She agrees to comply with the requirements of the Town Poughkeepsie Code provision(s) affecting or regulating the project for which this application is made including any general or special conditions of any permits or approvals granted by any board, agency, or department of the Town of Poughkeepsie; and 4) He/She has read this statement and understands its meaning and its terms.

Applicant Signature: _____

Print Name: _____

Date: _____

**Town of Poughkeepsie Zoning Board of Appeals
Agricultural Data Statement**

In accordance with §283-a of the New York State Town Law and §305-a of the Agriculture and Markets Law, this Data Statement will be used to evaluate the potential impacts of a proposed development on farm operations in agricultural districts.

Name of Applicant(s): _____

Address: _____

Telephone: _____

Description of the Project: _____

APPROVAL REQUESTED FOR: (Check all that apply)

Interpretation _____ Area Variance _____

Use Variance _____ Special Use Permit _____

Accessory Apartment _____

Project Address: _____

Tax Map Number of all parcels: _____

Is any portion of the project site currently being farmed? _____

Is the project site located in an Agricultural District? Yes _____ No _____

Who is farming the site? _____

Does the person farming the site: Rent _____ Own _____ the land?

Attach a list of the names and addresses of the owners of land within an agricultural district containing a farm operation located within 500 feet of the boundary of the project property, and the tax parcel number of the farm parcels. Attach a copy of the tax map and indicate with an "X" the farm parcels within 500 feet of the project property.

I hereby confirm that the information provided herein is true and accurate.

Signature of Applicant: _____

Date: _____