

Town of Huntington  
Accessory Apartment Bureau  
100 Main Street, Room G-9 (BASEMENT)  
Huntington, NY 11743

**Owner Occupied Accessory Apartment Application (revised 10/12)**

**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 CELL BUSINESS  
PHONE: (\_\_\_\_) PHONE: (\_\_\_\_) PHONE: (\_\_\_\_)

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

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

Is apartment occupied (please circle) Yes No by a family member Yes No

Lease expiration date \_\_\_\_\_ no lease \_\_\_\_\_ School District \_\_\_\_\_

# of apartment occupant(s)  
Under 5 years \_\_\_\_\_ 5-18 years \_\_\_\_\_ adults \_\_\_\_\_

LIST – Names of adult(s) occupants: \_\_\_\_\_

Unit #1 (main dwelling) – \_\_\_\_\_

Unit #2 (accessory apartment) \_ \_\_\_\_\_

**SECTION 4: ALL APPLICATIONS MUST BE SIGNED BY ALL OWNERS LISTED ON THE DEED AND NOTARIZED:  
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.

**MUST BE NOTARIZED**

Sworn to me this \_\_\_\_\_ date

Of \_\_\_\_\_ 20\_\_\_\_\_

Signature(s) of Owner(s)/ Contract Vendee(s)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACHMENT "A" MUST BE COMPLETED AND INCLUDED WITH THIS APPLICATION.**

**TO ASSIST IN PAYMENT WE ACCEPT : American Express, MasterCard & Visa. Simply fill out all the 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 cardmember's agreement with the issuer.

**ATTACHEMENT "A"**

**ACCESSORY APARTMENT APPLICATION**

**AFFIDAVIT**

I/We, as the owner(s) of the premises, hereby state that in accordance with the provisions of Huntington Town Code , section §194-3(A) and (B) a registered sex offender is not nor will be residing in the main dwelling of the property; that the accessory apartment is not nor will be leased or subleased to a registered sex offender; nor will a registered sex offender be permitted to reside in or be domiciled in the accessory apartment or on the property. I/We further state that I/We is/are making such representation with full knowledge that the Town of Huntington is relying on these statements as a basis for the issuance of an accessory apartment permit. I/We acknowledge that the Town of Huntington may submit a copy of this affidavit in any proceeding seeking to enforce any code, ordinance or regulation where it is alleged that I/We have breached a material representation made herein. I/We further acknowledge that I/We shall be liable for all direct and indirect costs incurred by the Town of Huntington to obtain compliance and that costs shall be charged against the land.

I/We have read this affidavit, had the opportunity to review it, and have retained a copy. I/We understand that the original affidavit will be made a part of the permanent record of the accessory apartment application for the dwelling.

**Signature(s) of Owner(s)/Contract Vendee(s)**

-----  
-----  
-----  
-----

**MUST BE NOTARIZED**

Sworn to me this \_\_\_\_\_ date

Of \_\_\_\_\_, 2\_\_\_\_

\_\_\_\_\_