

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

Non-Owner Occupied Accessory Apartment Application (revised 10/13)

SECTION 1: Type of Application () RENEWAL () TRANSFER ONLY TO OWNER OCCUPIED PERMIT

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 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

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

Sworn to me this _____ date

Of _____ 20_____

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____
