

TOWN OF LAGRANGE

OFFICE OF THE ZONING ADMINISTRATOR

120 Stringham Road, LaGrangeville, NY12540
Phone 845 – 452-1830 ext. 136 Fax 845 – 452-7692

PROCEDURE FOR APPLYING FOR AN ACCESSORY APARTMENT IN SINGLE FAMILY RESIDENCE

The following instructions will provide assistance in filling out the application for an accessory apartment. To avoid unnecessary delays in obtaining approval the following items must be submitted. If you have any questions, please contact Justin Noyes, Deputy Zoning Administrator @ (845) 452-1830 ext. 136, or Susan Quigley @ ext. 120.

1. **APPLICATION.** Applications for **Special Use Permit** shall be received not less than 30 days prior to a scheduled public meeting before the Planning Board. **NO EXCEPTION**
2. **FEES.** All Fees shall be paid in accordance with the Standard Schedule of Fees. No application shall be deemed complete without payment of fees.
3. **SUPPLEMENTAL INFORMATION FORM (REQUIRED)** The supplemental form shall accompany the application for special use permit (§ 240-52). Inaccurate or incomplete responses to the code sections will result in unnecessary delays. No application shall be deemed complete without the supplemental form.
4. **PROOF OF OWNER OCCUPANCY (REQUIRED).** A copy of the deed, tax bill, contract of sale, or driver's license
5. **TWO (2) SETS OF CONSTRUCTION DRAWINGS,** specifically a floor plan of the single family residence to include the accessory apartment with square footage. Plans shall be drawn to scale. A complete set of plans will be necessary when the apartment is located in an accessory building.
6. **PLOT PLAN OR SURVEY OF THE PROPERTY.** All bulk regulations and area requirements set forth in schedule 240-28, shall be met.
7. **HEALTH DEPARTMENT APPROVAL.** Dutchess County Health Department approval will be required when the bedroom count will be increased or when the apartment is located in an accessory building.
8. **EAFF (ENVIRONMENTAL ASSESSMENT FORM)** may be required by the Planning Board at the time of the public hearing. Generally, this only applies for apartments in accessory buildings.
9. **ESCROW.** An escrow account may be required by the Planning Board in the event that legal and/or engineering services are necessary. Generally, this only applies for apartments in accessory buildings. No application shall be deemed complete without the escrow policy acknowledgement form.

**TOWN OF LAGRANGE
APPLICATION FOR SPECIAL USE PERMIT**

**ACCESSORY APARTMENT
ZONING/PLANNING**

Office Use Only

NAME OF PROJECT _____ GRID NO. _____ ADDRESS _____

Instructions: Applicant Completes Sections A1-A3 of this form. Section B of this form to be completed by the Building & Zoning Office.

SECTION A1: APPLICANT & PROPERTY INFORMATION

Date _____

Name of Project _____ 911 Address _____

Mailing Address (If different) _____

Applicant Name (if other than owner, written consent from owner required) _____

Phone No. _____ Email Address _____ Acreage of parcel _____

SECTION A2: PROPOSED PROJECT

Project located on: TOWN ROAD COUNTY ROAD STATE ROAD

Zoning District: RESIDENTIAL GENERAL BUSINESS COMMERCIAL INDUSTRIAL

Applicable zoning laws: CHAPTER 240 (ZONING) SECTION 240- 52 PARAGRAPH B

Describe any proposed new construction _____

Describe any proposed change to exterior or interior of building _____

SECTION A3: ATTACHED HERETO, I SUBMIT THE FOLLOWING DOCUMENTS

- PROOF OF OWNER OCCUPANCY (REQUIRED)
- TWO (2) SETS OF FLOOR PLANS
- HEALTH DEPARTMENT APPROVAL
- EAF (ENVIRONMENTAL ASSESSMENT FORM)
- ESCROW POLICY
- SUPPLEMENTAL FORM (REQUIRED)

SECTION A4: APPLICATION SUBMISSION & ACKNOWLEDGEMENT

APPLICATION IS HEREBY MADE TO THE OFFICE OF THE BUILDING INSPECTOR, DEPARTMENT OF BUILDING, ZONING AND FIRE PREVENTION PURSUANT TO THE N.Y.S. UNIFORM FIRE PREVENTION & BUILDING CODE & THE CODE OF THE TOWN OF LAGRANGE AS ADOPTED BY THE TOWN BOARD. THE APPLICANT/OWNER AGREES TO COMPLY WITH ALL APPLICABLE LAWS, ORDINANCES & REGULATIONS.

SIGNATURE OF APPLICANT/OWNER _____ DATE _____

(Must be signed in office)

SECTION B: OFFICE USE ONLY

PAYMENT RECEIVED \$ _____ RECEIPT NO. _____ DATE _____

TOWN OF LAGRANGE
OFFICE OF THE ZONING ADMINISTRATOR

ACCESSORY APARTMENT WITHIN A SINGLE FAMILY RESIDENCE
Supplemental Information Form

NAME OF PROJECT _____

Note: A response to each of the following questions is required. An incomplete submission will result in an unnecessary delay of the Special Permit.

Owner occupancy required. Will the owner(s) of the one-family lot upon which the accessory apartment is located occupy at least one of the dwelling unit on the premises?

Response

Will the design and construction of any exterior improvements be compatible and harmonious with the existing building. The character of a single-family dwelling must be maintained.

Response

Only one accessory apartment is permitted, and it shall be clearly subordinate to the one-family dwelling. Verify that only one accessory apartment will be added:

Response

The number of bedrooms in the apartment shall not be more than one. Verify the number of bedrooms:

Response

What is the floor area of the apartment? It shall not be less than 400 square feet.

Response

ACCESSORY APARTMENT WITHIN A SINGLE-FAMILY CONTINUED

The floor area devoted to the apartment shall not exceed 35% of the entire floor area of the one-family dwelling. What is the floor area of the one-family dwelling?

Response

Will the apartment and one-family dwelling have safe and proper means of entrance and egress, clearly marked for the purpose of emergency services. The 911 address shall be posted in a conspicuous location?

Response

If the water supply is from a private source, certify that any water quality problems shall result in the revocation of the special permit.

Response

Will the applicant maintain a proper sewage disposal system adequate for the two dwelling units? Failure to correct promptly any sewer system problem shall result in revocation of the special permit.

Response

Will any alterations increase the bedroom count from that of the existing dwelling for which the sewage disposal system was originally designed? If so, Department of Health approval shall be required prior to the issuance of any required permits.

Response

Will there be stairways leading to any floor or story above the first floor. If so, they shall be located within the walls of the building wherever practicable. Stairways for required exiting shall be located on the rear wall in preference to either side wall. In no instance shall an exterior stairway for this purpose be located on any wall fronting on a street.

Response

ACCESSORY APARTMENT WITHIN A SINGLE-FAMILY CONTINUED

Will off-street parking be on the parcel of land on which the accessory apartment is located? There shall be a minimum of four off-street parking spaces provided.

Response

Will the parking be on an improved surface so as not to create erosion? For the purposes of this Code, parking on the lawn or on the street is prohibited.

Response:

The Planning Board shall not consider a special permit until any outstanding violations have been remedied to the satisfaction of the Town of LaGrange. Are there any outstanding violations?

Response:

Continued compliance with all of these regulations is required. Failure to do so will result in a revocation of the special permit.

AFFIDAVIT:

Applicant or owner signature

states that he/she is the applicant or owner named in the application for site plan approval. Applicant/owner states that to the best of his/her knowledge the responses are true.

Date:_____



TOWN OF LAGRANGE

120 Stringham Road
LaGrangeville, New York 12540-5507

www.lagrangeny.org

As per Town of LaGrange Town Code §240-88:

ESCROW POLICY

Town's Consultants: Attorney, Engineer, Stormwater, or Others

The Town Comptroller is responsible for all official financial budgets. The Town Comptroller must receive all original invoicing. If invoices are not authorized by Department Heads, then a written explanation must be provided within 5 business days, of that Department's receipt, to the Comptroller's Office. At no time are invoices to lapse beyond the close out of the fiscal year without written explanation to the Comptroller's Office.

The Administrator of Planning and Public Works is responsible for management and oversight of Town's Consultants' work. The Administrator of Planning and Public Works' Office will maintain unofficial escrow budgets to assist both the Comptroller's Office, as well as its own office.

This escrow policy is intended to provide guidelines with the Town, Planning and Zoning Boards for the following consultants: Town's Attorney, Town Engineer and Town Stormwater Consultant, as well as any others authorized (i.e. Conflict Consultants, specialty Consultants) by the Town Board.

Procedure:

Prior to any reviews, discussions, meetings with Town Consultants, the appropriate Department Head and the Administrator of Planning and Public Works will be contacted by the applicant/Professional to discuss the nature, scope and intent of the application. Based upon that review, and prior upon experience in comparable matters, the Department Head & the Administrator of Planning and Public Works will determine which Consultant (or conflict consultant) will be utilized (Attorney, Engineer, Stormwater). The Administrator of Planning and Public Works will recommend a starting escrow amount to the appropriate Board for their action. The appropriate Boards are to use this as a guideline; however they retain all rights to deny or adjust the escrow amount based upon experience in comparable matters.

Once the escrow account is opened, the Board or their appropriate recording secretary or the Administrator of Planning and Public Works will notify the Town Comptroller of the escrow authorization. The Comptroller and the Administrator of Planning and Public Works will jointly determine an escrow name to be maintained throughout the application process.

The Planning & Public Works Department (P&PW Dept) will receive all documents pertaining to the application from either the Applicant/their Professional. P&PW Dept will distribute to the appropriate consultant and receive preliminary proposals for all reviews. Preliminary proposals are to be based on a 'not to exceed' amount and based on the submission presented. Subsequent submissions or meetings will

require additional proposals. P&PW Dept will authorize consultant work once all escrow monies are received. In the event unanticipated work is required between submissions or at any other time, there will be additional need for escrow monies for any and all consultant time/work. Non-exclusive examples of unanticipated work would be Applicant Attorney to Town's Attorney conferences, exigent developments requiring legal intervention or assistance to town officials in the management of applications or related SEQRA proceedings requests or requirement for consultant(s) meeting to explain or review changes prior to a future submission, or the necessity for any Town's Consultant to attend an unanticipated Board meeting. It is recognized that not all applications, applicants or applicant's agents are the same. Applications vary in scope and complexity. There may be significant variation in the timeliness, quality, completeness, and cooperativeness of submissions or presentations on behalf of applications. These variations are legitimate factors in establishing and administering escrow deposits.

At no time will any minor project's (i.e. subdivision of 2 lots, special use permits, lot-line realignment, etc) escrow drop below \$200. Furthermore, major project's escrow shall not drop below \$2000. If escrow is not replenished to maintain the minimum, then the associated application will not be placed on any Board agenda, nor have any further reviews occur, nor conduct any meetings in which consultants' are present, until such time that monies are received.

The Town Comptroller will receive all invoicing from all Town Consultants. Upon receipt and logging, the Comptroller's office will distribute invoices to the P&PW Dept for confirmation of work performed or circulation to appropriate department. P&PW Dept is responsible for oversight of all Consultant work. Upon confirmation, explanation of lack of payment and or distribution to other department, the P&PW Dept or other Department will return to the Comptroller's Office all invoicing received.

P&PW Dept will track all proposals and maintain informal escrow balances. At the request of P&PW or the Comptroller's Office, review of individual escrows will occur as needed to ensure conformance with the official Comptroller's accounting being performed.

All approvals from all Boards will stipulate that payment of all fees and escrow monies will be a condition of said approval.

The applicant is entitled to any remaining balance within their escrow account. All escrow monies must be returned to the original party. If there is a change in ownership, then the new party must have written documented/notarized approval from the original party to receive such monies to the satisfaction of the Town Comptroller. The applicant must request the balance of the escrow in writing at a minimum 6 months after final approval resolution from the Town Board and or Zoning Board of Appeals or after 6 months from the Planning Board Chairman's signature on the approved plans. Therefore, the Town Consultants will be required to have all final invoices in prior to that deadline. If Consultants need additional time, they must notify P&PW Dept of why and provide a deadline, if possible. At the discretion of the P&PW Department, escrow accounts may be closed due to lengthy inactivity or application withdrawal. The original party will be contacted to close the account.

Policy approved by the Town of LaGrange Town Board on July 22, 2015



TOWN OF LAGRANGE

120 Stringham Road
LaGrangeville, New York 12540-5507

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ACKNOWLEDGEMENT

I have received and reviewed the Town of LaGrange Escrow Policy, and I have been given the opportunity to read Town Code §240-88 regarding responsibility for payment of consultant expenses incurred by the Town. We/I acknowledge that payment of the Town's consultant expenses and funding of escrow are the joint and several responsibilities of both the applicant and the Property Owner, if different. We/I understand the terms of the local law and of the escrow policy and we/I agree to comply:

Application Name: _____

Applicant (name printed): _____

Applicant Signature: _____

If the Applicant is not the Real Property Owner, then complete below:

Real Property Owner (name printed): _____

Real Property Owner Signature: _____

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

| Part 1 – Project and Sponsor Information | | | |
|--|--|------------|---------------------------------|
| Name of Action or Project: | | | |
| Project Location (describe, and attach a location map): | | | |
| Brief Description of Proposed Action: | | | |
| Name of Applicant or Sponsor: | | Telephone: | |
| | | E-Mail: | |
| Address: | | | |
| City/PO: | | State: | Zip Code: |
| 1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2. | | | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: | | | NO <input type="checkbox"/> |
| | | | YES <input type="checkbox"/> |
| 3. a. Total acreage of the site of the proposed action? _____ acres | | | |
| b. Total acreage to be physically disturbed? _____ acres | | | |
| c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres | | | |
| 4. Check all land uses that occur on, are adjoining or near the proposed action: | | | |
| <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) | | | |
| <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify): | | | |
| <input type="checkbox"/> Parkland | | | |

| 5. Is the proposed action, | NO | YES | N/A |
|---|--|---|--------------------------|
| a. A permitted use under the zoning regulations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Consistent with the adopted comprehensive plan? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is the proposed action consistent with the predominant character of the existing built or natural landscape? | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action? | NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | |
| 9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____ | NO <input type="checkbox"/> | YES <input type="checkbox"/> | |
| 12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory? | NO <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> | |
| 13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____ | NO <input type="checkbox"/> <input type="checkbox"/> | YES <input type="checkbox"/> <input type="checkbox"/> | |

| | | |
|--|--------------------------|--------------------------|
| 14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban Suburban | | |
| 15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered? | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is the project site located in the 100-year flood plan? | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____ | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| 18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____ | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____ | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____ | NO | YES |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____ | | |