



**TOWN OF ROCKLAND
BUILDING DEPARTMENT**

P. O. BOX 964, LIVINGSTON MANOR, NY 12758
845-439-5450 ext 106 845-439-5270 FAX

ACCESSORY USE PERMIT APPLICATION

PERMIT # _____

DATE: _____

APPLICANT NAME: _____

CORPORATE NAME: _____

TELEPHONE # _____

ADDRESS: _____

SITE LOCATION: _____

OWNERS NAME: _____

ADDRESS: _____

SECTION: _____ BLOCK: _____ LOT: _____

NATURE OF PROPOSED CHANGE: _____

The following must be submitted with this application (where applicable):

I. Plot plan indication:

- | | |
|--|-------------------------|
| a. Size of lot | f. Parking areas |
| b. Existing and/or proposed buildings | g. Ingress & Egress |
| c. Sizes of buildings | h. Landscape plans |
| d. Setback dimensions (front, rear etc.) | i. Playground areas |
| e. Distance separating buildings/parking | j. Type of construction |

II. Number of units: _____ Size of units: _____

III. Area of lot: _____ Total area of buildings: _____

Percentage of land covered by buildings: _____

Distance between buildings: _____

ADDITIONAL INFORMATION/COMMENTS: _____

Permit Approved: _____

Application fee: \$ _____

Signature of Applicant

Code Enforcement Officer