

TOWN OF EAST FISHKILL BUILDING AND ZONING DEPARTMENT

330 Route 376, Hopewell Junction, NY 12533 (845) 221-2427 Fax (845) 227-4018 <u>http://www.eastfishkillny.gov</u>

ECHO UNIT APPLICATION REQUIREMENTS

ALONG WITH THE COMPLETED APPLICATION, PLEASE PROVIDE THE FOLLOWING ITEMS:

	PROOF OF AGE OF ECHO UNIT OCCUPANT.
	PROOF OF FAMILIAL RELATIONSHIP BETWEEN ECHO OCCUPANT AND THE OCCUPANT OF THE PRIMARY RESIDENCE.
	PHYSICIAN'S CERTIFICATION INDICATING LIVING ASSISTANCE IS REQUIRED FOR THE ECHO UNIT OCCUPANT.
	PLOT PLAN SHOWING LOCATION OF ECHO UNIT ON LOT, PARKING, SETBACKS, UTILITIES, PROPOSED SCREENING, FAÇADE COLOR, SKIRTING AND OTHER DETAILS THAT MAY BE NEEDED.
	PROOF OF NOTIFICATION OF ALL NEIGHBORING PROPERTY OWNERS.
	CERTIFICATION FROM THE LESSOR THAT THE APPLICANT IS QUALIFIED TO LEASE THE ECHO UNIT AND A COPY OF THE LEASE ($* OR *$)
	PROOF OF PURCHASE OF AN ECHO UNIT
	DUTCHESS COUNTY DEPARTMENT OF HEALTH APPROVAL (* OR *)
	NOTARIZED LETTER THAT HOMEOWNER WILL DE-COMMISSION ONE OF THE BEDROOMS IN THE DWELLING TO ALLOW FOR THE ECHO UNIT
	PROOF THAT THE ECHO UNIT WILL MEET THE REQUIREMENTS OF ANSI-A119.5 OR HUD
	TAXES ARE CURRENT
	SUBMISSION OF A PERFORMANCE BOND IN THE AMOUNT OF \$15,000 SHALL BE PROVIDED UPON APPROVAL AND ACCEPTANCE OF THE ABOVE ITEMS
	IF EMPLOYING A CONTRACTOR, WORKER'S COMPENSATION & LIABILITY INSURANCE FORMS.
	IF APPLICANT IS NOT THE HOME OWNER/PROPERTY OWNER, AN <u>ORIGINAL</u> , <u>SIGNED</u> , <u>NOTARIZED</u> LETTER FROM THE OWNER WILL BE REQUIRED GRANTING PERMISSION TO APPLY FOR PERMIT. (Applicant may obtain signature on application from owner, thus notarized letter
—	not required.)
	FEE: PLEASE SEE THE CURRENT FEE SCHEDULE
	CASH OR CHECK MADE OUT TO: TOWN OF EAST FISHKILL Note: Construction without a permit is double the fee
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