



# TOWN of GREENBURGH

## Community Development & Conservation

**Paul Feiner**  
*Supervisor*

**Garrett Duquesne, AICP**  
*Commissioner*

**Aaron Schmidt**  
*Deputy Commissioner*

### Planning Board Members

**Walter Simon, Chair**  
**Hugh Schwartz, Vice Chair**  
**Michael Golden**  
**Kirit Desai**

**Thomas Hay**  
**Mona Freitag**  
**Johan Snaggs**

## TOWN AND PLANNING BOARD APPLICATION FOR SPECIAL PERMIT – MASSAGE ESTABLISHMENT

### Application Contents

- **Fee Schedule**
- **Affidavit of Ownership**
- **Disclosure Form**
- **Special Permit Application Form**

**TOWN OF GREENBURGH SPECIAL PERMIT – MASSAGE ESTABLISHMENTS**  
**FEE SCHEDULE**

**This form is to be included in the Application Package**

| Special Permit Fees   | Fee           |                 | Totals         |
|---|---------------|-----------------|----------------|
| Special Permit  | \$100         |                 | \$100          |
| Legal   | \$250         |                 | \$250          |
| Escrow Fees   | Fee           |                 | Totals         |
| Public Hearing Notice (Escrow) (separate check)   | \$200         |                 | \$200          |
| Public Hearing Transcript (Escrow) (separate check)   | \$200         |                 | \$200          |
|   |               | <b>Subtotal</b> |                |
| <b>Please include a <u>separate check</u> for each subtotaled portion of the application.</b><br><b>All fees must be made payable to the “Town of Greenburgh”</b> |               |                 |                |
| Town of Greenburgh, Department of Community Development and Conservation – File Use   |               |                 |                |
|   | Date Received | Total           | Staff initials |
| <b>Special Permit Fees</b>  |               |                 |                |

**AFFIDAVIT OF OWNERSHIP**

State of New York )ss.  
County of Westchester)

\_\_\_\_\_ being duly sworn, deposes and says that (s)he resides at  
\_\_\_\_\_ in the Town of \_\_\_\_\_ in the County  
of \_\_\_\_\_ in the State of \_\_\_\_\_ that (s)he is the  
owner in fee of all that piece or parcel of land situated and lying in the Town of Greenburgh  
aforesaid and known and designated Parcel ID number \_\_\_\_\_,  
and that (s)he hereby authorizes \_\_\_\_\_ to make application in his/her  
(its) behalf and that the statement of facts contained in said application is true.

\*\*\*\*\*

\_\_\_\_\_  
Signature of Owner

Sworn to me before this \_\_\_\_\_  
Day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

TOWN OF GREENBURGH  
DISCLOSURE FORM TO ACCOMPANY CERTAIN APPLICATIONS\*

1. This form relates to property located within the Town of Greenburgh. The street address of the property which is the subject of this application is:

\_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Date(s) of Application(s): \_\_\_\_\_

Type(s) of Application(s): \_\_\_\_\_

Project Name: \_\_\_\_\_

2. Name and address of Owner(s) if different from Applicant: \_\_\_\_\_

\_\_\_\_\_

3. Do any officers or employees of the State of New York, County of Westchester, Town of Greenburgh and/or Town of Greenburgh Agency have an interest\*\* in the applicant or owner of the property? \_\_\_\_\_

If the answer is "yes", please identify the person(s) by name, residence and the nature of extend of such interest.

\_\_\_\_\_

\_\_\_\_\_

4. If the application is for a project involving site plan approval of five acres or more and/or for a change of zoning, and either or both the applicant or the owner, if different from the applicant, is not an individual or individuals, list the owners and officers of the corporation, limited liability corporation, partnership or other legal entity.

Name of Applicant Legal Entity: \_\_\_\_\_

Name(s) and Addresses of Applicant Owners\*\*\* and Officers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Every application, petition, or request submitted for a variance, amendment, change of zoning, site plan approval, approval of plat, exemption from a plat or official map, license, special permit or permit pursuant to the provisions of any ordinances, local law or rule constituting the zoning and planning of the Town of Greenburgh.

\*\*For the purpose of this paragraph, an officer or employee shall be deemed to have an interest in an applicant when s/he, his or her spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them (a) is the applicant or (b) is an officer, director, partner of the applicant, or (c) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or (d) is a party to an agreement with such applicant, express or implied, whereby he or she may receive payment or other benefit whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request.

\*\*\*With respect to any corporation traded on the New York, American or other stock exchange, any person who is the owner of more than 5% of the outstanding shares of stock or any class of such a corporation, and with respect to other than a publically traded corporation, a limited liability company or other legal entity, any person who is an owner of more than 2% of the equity of such legal entity.

Name of Applicant: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Paul J. Feiner  
Supervisor

**TOWN of GREENBURGH**  
**DEPARTMENT OF COMMUNITY**  
**DEVELOPMENT AND CONSERVATION**

177 Hillside Avenue, Greenburgh, NY 10607

Office: (914) 989-1530

Web Site <http://www.greenburghny.com>

Garrett Duquesne, AICP  
Commissioner  
Aaron Schmidt  
Deputy Commissioner

**SPECIAL PERMIT APPLICATION FORM**

**Subject Property:**

Street Address:

Parcel ID:

**Property Owner:**

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Representative:**

Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone : \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

List specific special permit(s) requested (attach additional sheets if necessary), include the Sections of Town of Greenburgh Zoning Code for each special permit, including chapter, section, subsection or paragraph.

§. \_\_\_\_\_ Special Permit Request: \_\_\_\_\_

§. \_\_\_\_\_ Special Permit Request: \_\_\_\_\_

§. \_\_\_\_\_ Special Permit Request: \_\_\_\_\_

Describe use(s) for which Special Permit(s) is/are sought:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State how use(s) meet Special Permit criteria:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State name and residence, nature and extent of the interest of any state officer or employee of the Town of Greenburgh, pursuant to the provisions of § of the General Municipal Law of the State of New York.

\_\_\_\_\_

Date

Signature of Applicant or Representative

Print or type name