

Complete with Pen or Typewriter Only

APPLICATION FOR BED & BREAKFAST ESTABLISHMENT OR HOME

Office of the Building Inspector
TOWN OF WOODSTOCK
45 Comeu Drive, Woodstock, NY 12498
Tel: (914) 679-8965
Fax: (914) 679-8743

For Building Dept. Use
PERMIT # _____
Submitted _____
APPROVED _____ 19 _____

Section Block Lot
.

Former Zoning District _____
Present Zoning District _____
Overlay District _____

PROPERTY OWNER:

MAILING
ADDRESS: _____

PHONE # (days) _____
B&B LOCATION:

Is this the principal residence of the Owner? _____

Type of Building: ___ One-story ___ Two-story ___ Other

of Existing Bedrooms: _____ **# Proposed for Use:** _____

Off-street Parking spaces: _____

RENOVATIONS REQUIRED:

Water Supply: ___ Public ___ Private
Potable Water Test Date: _____ **RESULTS:** _____
Dye Test Date: _____ **RESULTS:** _____

Impact on Adjoining Properties (if any):

Check One: ___ **Seasonal Occupancy** OR ___ **Year-round Occupancy**

Proposed On-site Exterior Changes, if any (i.e. pool, tennis court, etc.) _____

___ *ATTACH CURRENT PLOT PLAN SHOWING EXISTING CONDITIONS ON PROPERTY*

OWNER'S SIGNATURE

DATE: _____

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For Building Dept. Use

Site Inspection Date: _____

COMMENTS:

APPROVED: _____

Building Inspector

Date