



**DEPARTMENT OF BUILDING**

**70 Church Street, White Plains, New York 10601**

Phone: (914) 422 - 1269 \* Fax: (914) 422 - 1471

http://www.ci.white-plains.ny.us/building.htm

**SPECIAL RESIDENCE FACILITY SHELTER APPLICATION**

New application

Renewal

Application:  Date Filed:  Reviewed by:  WPFD:   
 License #:  Date Issued:  CEO:  WPBD:

**A. The undersigned hereby makes application for a license to operate a:**

	<u>TYPE</u>	<u>#BEDS</u>
1. Rooming House	<input type="checkbox"/>	_____
2. Transient Hotel	<input type="checkbox"/>	_____
3. Residential Hotel	<input type="checkbox"/>	_____
4. Motel	<input type="checkbox"/>	_____
5. Domiciliary Care Facility		
a. Private Proprietary Nursing Home	<input type="checkbox"/>	_____
b. Private Proprietary Convalescent Home	<input type="checkbox"/>	_____
c. Private Proprietary Home for Adults	<input type="checkbox"/>	_____
d. Residence for Adults	<input type="checkbox"/>	_____
e. Intermediate Care Facility	<input type="checkbox"/>	_____
f. Family Home For Adults	<input type="checkbox"/>	_____
g. Home for Aged	<input type="checkbox"/>	_____
h. Home for Adults	<input type="checkbox"/>	_____
i. Group Residence (For Children)	<input type="checkbox"/>	_____
6. Community Residence		
a. Residence for Mentally Disabled \ Halfway House	<input type="checkbox"/>	_____
b. Residence for Alcoholics \ Halfway House	<input type="checkbox"/>	_____
c. Residence Facility Used as Hotel	<input type="checkbox"/>	_____
7. Overnight Shelter for the Homeless	<input type="checkbox"/>	_____
8. Emergency Shelter	<input type="checkbox"/>	_____
9. Social Service Center	<input type="checkbox"/>	_____

**B. Identification of Premises:**

1. Address : \_\_\_\_\_ , White Plains, New York \_\_\_\_\_

2. Zone District: \_\_\_\_\_ SBL# \_\_\_\_\_

3. Frontage of Parcel : \_\_\_\_\_ Ft. Area of Parcel : \_\_\_\_\_ Sq.Ft.

4. Parking Provisions: \_\_\_\_\_ Spaces: \_\_\_\_\_

5. Construction Type: \_\_\_\_\_ Height: \_\_\_\_\_ Stories \_\_\_\_\_ Ft.

<b>C. Usage of Premises</b>	<u>Floor</u>	<u>Number of Occupants</u>	<u>Description of Occupancy</u>
	<b>Basement</b>	_____	_____
	1.	_____	_____
	2.	_____	_____
	3.	_____	_____



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D. A license or operating certificate issued by an appropriate department of the State of New York or the County of Westchester is required to have been issued before this application may be approved for any of the categories listed in (A) on the reverse side. License or Operating Certificate issued by: NYS # \_\_\_\_\_ Westchester# \_\_\_\_\_ Permit Issued by: Social Services# \_\_\_\_\_ Mental Hygiene # \_\_\_\_\_ Other # \_\_\_\_\_

E. Ownership and Management of Premises:

1. Owner of record: Name : \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

2. Manager\* or Caretaker\*: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address\*\* \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\* Must be resident on premises if seven or more accomodations. \*\* Must be authorized to accept legal process.

3. Applicant\*\*\*: Name : \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State : \_\_\_\_\_ ZIP CODE \_\_\_\_\_

\*\*\*Must be person, corporation or organization responsible for operating facility.

Table with 3 columns: Question, APPLICANT, MANAGER. Rows include: 4. Citizen of United States?, 5. Able to read and write the English Language?, 7. Previously conducted this type of residence?, 6. Ever convicted of felony or misdemeanor?, 8. If answer to (7) was "No", have experience in any other type listed in Section (A)?, 9. If answer to (8) was affirmative, what type?

F. ( Notarization )

State of New York }ss. County of Westchester }

\_\_\_\_\_, being duly sworn, deposes and says: that he or she has read the foregoing application and knows the contents thereof that the same is true to the knowledge of the deponent, except as to those matters therein stated to be alleged on information and belief, and as to those matters, he or she believes it to be true. He or she further says that he or she is authorized by the owner to make this application.

Sworn to before me on this day of \_\_\_\_\_

Signature of Applicant

Notary Public