

Village of Amityville

Application to the Zoning Board of Appeals

21 Ireland Place, Amityville, NY 11701 Telephone: (631) 691-1909 Fax: (631) 264-7656

INSTRUCTIONS

PLEASE NOTE: ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.

1. A completed application consists of:

- a. Application (pgs. numbered A1-A3 with all questions answered)
- b. Survey (must represent property in its current standing)
- c. Full Disclosure Affidavit (attached)
- d. Short Environmental Form (attached)
- e. Plans, Drawings, Renderings (see Additional Requirements)
- f. Copy of Certificate of Occupancy
- g. Owners Endorsement (attached)
- h. If owner's name varies from Village Tax Roll records a copy of deed must be presented.

The entire completed application (1a-h) must be returned to the Village Hall with 3 additional copies (4 in total) and an electronic version along with the proper fee.

*Electronic copies can be submitted via scanned PDF, flash drive or CD.

(PDF files should be emailed to the Secretary to the Zoning Board of Appeals at (cbaskerville@amityville.com))

** If your application requires referral to the Suffolk County Planning Commission please provide an additional 3 copies (6 in total)

2. Once your application has been reviewed you will be notified as to the date of the meeting of the Zoning Board of Appeals.
3. After receiving a hearing date, you will be required to:
 - a. Post a sign or signs on the subject property. **Signs must be posted at least 10 days before the scheduled meeting.** Signs can be purchased at Village Hall.
 - b. Send Notice of Meeting by Certified Mail to all owners of land parcels within a 200-foot radius of your property*. A radius map and a list of corresponding property owners will be provided to you from the Secretary to the Planning Board. **These notices must be mailed at least 10 days before the scheduled meeting.** *for a special exception relative to a proposed fence, you are only required to notify abutting neighbors.
 - c. You are required to bring the certified mailing receipts to Village Hall along with a completed Affidavit of Posting, which certifies that you have completed your mailings and posted your sign(s) appropriately.
4. If for any reason you decide to withdraw your application, after it has been advertised and posted, or if your hearing is adjourned due to improper posting or mailing, your application fee will not be refunded.
*There is a minimum non-returnable processing fee of \$50.00 for applications withdrawn before advertising and posting.
5. If your application requires an inspection by the Village Code Enforcement Officer, then days before the scheduled meeting; you must call the Building Dept. (631-691-1909) to schedule that inspection. Your notification will advise you if an inspection is required. Should you not schedule the required inspection, your application will be put over to the following month.

ADDITIONAL REQUIREMENTS

Applications for Renewal of Special Exception for Two-Family Dwelling must include the following:

- (1) Floor Plans, including basement/crawl/attic (Dimensioned, and Labeled)
- (2) A site plan indicating sufficient off-street parking
- (3) Copy of the previously Approved Certification from the Zoning Board of Appeals

Applications submitted for approval of a Parent/Child residence must include the following:

- (1) Floor Plans, including basement/crawl/attic (Dimensioned, and Labeled)
- (2) A site plan indicating sufficient off-street parking
- (3) Proof of relationship (copy of birth certificate & driver's license, marriage license, etc.) to be presented to the Board at the hearing

Applications for approval of a Special Exception for a Fence installation must include the following:

- (1) A site plan indicating the location and height of the fence.
- (2) A rendering illustrating the proposed fence design.

All plans submitted for Approval of an Area Variance must include the following:

- (1) Plans shall include a Zoning Information key, which indicates the required Zoning elements of the District and the proposed conditions, highlighting the deficient proposals.
- (2) Plans shall include all elevations of all proposed structures.
- (3) Elevations shall indicate the skyplane relationship in accordance with the skyplane diagram marked as Exhibit A in chapter 4 of the Code of the Village of Amityville.
- (4) Elevations shall indicate whether building height is measured from Top of Curb, Crown of Road, or Average Grade if front yard setback is greater than 50 feet.
- (5) Floor Plans, including basement/crawl/attic (Dimensioned, and Labeled)
- (6) A Site Plan including:
 - (a) All dimensions of parcels, including area (sq. ft & acre), depth and width
 - (b) All proposed parking facilities and calculations for parking requirements
 - (c) All proposed work is to be hatched to clearly indicate location
 - (d) All existing structures on the parcel and adjacent parcels within fifty feet (50') of all lot lines
 - (e) All existing curbs, storm drains, sidewalks, roadways, paving, etc. located on and sharing a border with the parcel
 - (f) Zoning of the parcel, and Zoning and Land Use of adjacent properties

END OF INSTRUCTIONS

Village of Amityville

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Date Filed: _____ Fee: _____ Receipt No.: _____

Applicant's Name: _____ Telephone No.: _____

Address: _____ Email Address: _____

Property Address: _____

Owner, if other than Applicant: _____

Address: _____ Telephone No.: _____

Application is hereby made for a(n): Variance Use Variance Special Exception

In accordance with the Code of the Village of Amityville:

CHAPTER	ARTICLE	SECTION

under discretionary power vested in the Zoning Board of Appeals by Chapter 4, Sections 4-1 thru 4-7 of said Code of Ordinance.

Applicant is seeking to permit the:

- Erection of _____
 - Alteration/addition of _____
 - Conversion of a one family dwelling to a parent-child residence _____
 - Renewal of a Special Exception for owner and non-owner-occupied two-family dwellings
 - Conversion of _____
 - Maintenance of _____
 - Other _____
- _____
- _____

Project Location

Premises are situated on the _____ side of _____ St./Ave.
distant _____ ft. _____ of _____ St./Ave.
known as No. _____ St./Ave., Village of Amityville, N.Y., in a
_____ District, Suffolk County Tax Map# 101 - _____ - _____ - _____
(Zone) Section Block Lot

Project Description

(Check one) Existing Proposed
(If Existing)
Date of Erection: _____

Size of Building: _____x_____ ft. Size of Lot: _____x_____ ft.

Occupancy:

Character of Construction:

- | | |
|--|---|
| <input type="checkbox"/> One-family dwelling | <input type="checkbox"/> Frame |
| <input type="checkbox"/> Two-family dwelling | <input type="checkbox"/> Brick |
| <input type="checkbox"/> Multi-family (# of units) _____ | <input type="checkbox"/> Concrete |
| <input type="checkbox"/> Commercial Building | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> ___ - car garage (attached)
(detached) | <input type="checkbox"/> Fire Safety Provided (specify) _____ |

Has any application or appeal been previously filed with this Board on these premises? Yes ___ No ___
(if yes, reason and year) _____

(Please provide copy of decision)

Has a Notice of Violation or Court summons been served relative to this matter? Yes ___ No ___

Is there a school, church or hospital within 200ft. or on the same block on either side of the street?
Yes ___ No ___

*If the answer is **Yes** to any of the following questions please submit an additional 3 copies of the completed application so that it may be referred to the Suffolk County Planning Commission.

Is the property within 500 feet of the following?

- a) The boundary of any Village or Town? **Yes** ___ **No** ___
Specify: _____
- b) The boundary of any existing or proposed county or state park or any other recreation area? **Yes** ___ **No** ___
Specify: _____
- c) The right-of-way of any existing or proposed county or state parkway, thruway, expressway, road or highway?
Specify: _____ **Yes** ___ **No** ___
- d) The existing or proposed right-of-way of any stream or drainage channel owned by the County or for which the County has established channel lines? **Yes** ___ **No** ___
Specify: _____
- e) The existing or proposed boundary of any County, State or Federally owned land held or to be held for governmental use? **Yes** ___ **No** ___
Specify: _____
- f) The Atlantic Ocean, any bay in Suffolk County or estuary of any of the foregoing bodies of water?
Specify: _____ **Yes** ___ **No** ___

AFFIDAVIT:

I hereby depose and say that all the statements made in this application along with the statements contained in the paperwork submitted herewith are true.

(Applicant's Signature)

Sworn to before me this _____ day
of _____, _____

Notary Public

<i>For Office Use Only</i>	DISPOSITION OF ZONING BOARD OF APPEALS	
APPROVED _____	DENIED _____	DATE _____

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PROPERTY OWNER'S ENDORSEMENT

Note: This section must be completed for all applications. (Separate sheets may be used for multiple owners)

STATE OF _____)

:ss

COUNTY OF _____)

I, _____, being duly sworn, deposes and says that I reside at _____, in the County of _____, State of _____ and that I am the owner of the property for which application has been made.

Furthermore, that I do hereby authorize _____ to act as my agent at the Zoning Board of Appeals meeting(s), for which this application is to be heard.

(Owner's Signature)

Sworn to before me this

_____ day of _____, 20____

Notary Public, State of New York

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FULL DISCLOSURE AFFIDAVIT

In the matter of the Application of:

(RE: location of property)

_____, being duly sworn, deposes and says:

(Applicant)

1. The address and title of the applicant:

2. The names and addresses of ALL persons having any interest, monetary or otherwise, whatsoever in the property described in this application and the nature of their interest: (i.e. contractor, architect, attorney, lending institution, family member, etc.)

3. Do you or any of the persons set forth in paragraph #2 of this Affidavit own any property within 500' of the property described in this application? If yes, list names below:

4. Are you or any of the persons set forth in paragraph #2 of this Affidavit officers or employees of the Village of Amityville? If yes, list names and titles below:

5. Are you or any of the persons set forth in paragraph #2 of this Affidavit related to any officer or employee of the Village of Amityville? If yes, list the names and the nature of their relationship below:

The undersigned affirms the truth and completeness of all statements made within this application.

(Applicant's Signature)

Sworn to before me this _____ day of _____, _____

Notary Public

STATE ENVIRONMENTAL QUALITY REVIEW
SHORT ENVIRONMENTAL ASSESSMENT FORM
for UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality: Village of Amityville	County: Suffolk
4. PRECISE LOCATION: Street Address and Road Intersections, Prominent landmarks etc. – or provide map	
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification / Alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER RESTRICTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, describe briefly:	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? (Choose as many as apply) <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other (describe)	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (Federal, State or local) If yes, list agency name and permit/approval <input type="checkbox"/> YES <input type="checkbox"/> NO	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? If yes, list agency name and permit/approval <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/Sponsor Print Name _____ Date: _____ Signature _____	

IF THE ACTION IS A COASTAL AREA, AND YOU ARE A STATE AGENCY, COMPLETE THE COASTAL ASSESSMENT FORM BEFORE PROCEEDING WITH THIS ASSESSMENT

PART II – IMPACT ASSESSMENT **APPLICANT DOES NOT COMPLETE THIS SHEET** - (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN A 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 YES NO

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 YES NO

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? If yes, explain briefly:

YES NO

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? If yes, explain:

YES NO

PART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question d of part ii was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from responsible officer)