

VILLAGE OF AMITYVILLE
ZONING BOARD OF APPEALS
21 IRELAND PLACE | AMITYVILLE NY | 11701
Telephone No. 631-264-6000 x404 | Fax No. 631-264-7654

INSTRUCTIONS

Dear ZBA Applicant:

The following are instructions that will be helpful to you as you complete your application to the Zoning Board of Appeals.

1. A completed application, with all questions answered, consists of:
 - a. Application (pgs. numbered A1-A3)
 - b. Survey (must represent property in its current standing)
 - c. Full Disclosure Affidavit
 - d. Short Environmental Form
 - e. Plans, drawings (if applicable)
 - f. Owners Endorsement (if someone other than owner is representing application)
 - g. Copy of Certificate of Occupancy
 - h. If application is for renewal of a prior approved Special Exception, please provide copy of the approved Certificate

The entire original application must be returned to the Village Hall with 7 copies (8 in total including original) along with the proper fee.

PLEASE NOTE: ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED.

2. You will be notified by mail as to the date of the meeting of the Board of Appeals. This is the only manner in which the hearing date will be issued.
3. After you receive the notification letter and you know the date of your hearing, you will be responsible for:
 - a. POSTING A SIGN OR SIGNS – to be erected 10 days prior to the scheduled meeting.
 - b. MAILING OUT NOTICES OF MEETING BY CERTIFIED MAIL, to all owners of land parcels within a 200-foot radius of your property. The radius must be taken from each corner of your property. Addresses can be obtained by consulting the Tax Toll at the Village Hall. **These notices must be mailed at least 10 days before the scheduled meeting.**
 - i. The Certified Mailing will be your notification to your neighbors that there will be a public hearing regarding your application. That notification, which will include the date time, location of hearing, applicant's name, address of property and the Suffolk County Tax Map number, will be prepared by the Village Department of Code Enforcement.
 - c. If your application is for a special exception relative to a proposed fence, you are required to notify only your abutting neighbors; that is any property that touches your property.
 - d. At least two days prior to your scheduled hearing date, you must bring the certified mailing receipts to Village Hall along with your completed Affidavit of Posting, which states that you have completed your mailings and posted your sign.

4. If for any reason you decide to withdraw your application, after it has been advertised and posted, your application fee will not be refunded. There is a minimum non-returnable processing fee of \$50.00.
5. If your application for a parent-child/special exception is approved by the ZBA Appeals, it will be necessary for you to obtain a rental permit in accordance with Chapter 137 of the Village Code from the Building Department. **You must provide proof such as copy of birth certificate and license.**
6. 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.

END OF INSTRUCTIONS

Village of Amityville
APPLICATION TO THE ZONING BOARD OF APPEALS
Amityville, New York

This completed original application must be submitted with all necessary data with seven copies.

Date Filed: _____ Fee: _____ Receipt No: _____

Applicant's Name: _____ Telephone No.: _____

Address: _____ Email Address: _____

Property Address: _____

Owner, if other than Applicant: _____

Address: _____ Telephone No.: _____

TO THE BOARD OF APPEALS: (check all that apply)

Application is hereby made for: Area Variance Use Variance Special Exception

From the requirements of the Code of Ordinance, to wit:

ARTICLE	SECTION	SUBDIVISION

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:

- 1) Erection of _____
- 2) Alteration/addition of _____
- 3) Conversion of a one family dwelling to a parent-child residence _____
- 4) Renewal of owner and non-owner-occupied two-family dwellings, approved prior to March 3, 2010, provided there has been no change in ownership.
- 5) Conversion of _____
- 6) Maintenance of _____
- 7) Other _____

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)

DESCRIPTION OF EXISTING/PROPOSED BUILDING (circle one)

Size of Building: _____ x _____ ft.

Size of Lot: _____ x _____ ft.

Occupancy (Main Building):

Character of Construction:

One-family dwelling _____

Frame _____

Two-family dwelling _____

Ordinary Brick _____

____-family apartment _____

Concrete _____

Store building _____

Fireproof _____

____-car garage (attached)
(detached)

Other (specify) _____

Date of Erection: _____

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 in the same block on either side of the street? Yes ___ No ___

I HEREBY SWEAR OR AFFIRM THAT HE SUBJECT PREMISES IS NOT WITHIN 500 FEET OF A STATE HIGHWAY,
COUNTY ROAD, PARKWAY, EXPRESSWAY, FEDERAL OR COUNTY OR TOWN PARK OR BOUNDARY LINE OF ANY
VILLAGE OR TOWN OR SHORELINE EXCEPT FOR THE FOLLOWING:

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.

(Signature of Applicant)

Sworn to before me this _____ day
of _____, _____

Notary Public

DISPOSITION OF ZONING BOARD OF APPEALS:

Approved _____

Denied _____

Date _____

OWNER'S ENDORSEMENT

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

AN OWNER'S ENDORSEMENT IS NECESSARY IF APPLICANT IS NOT THE OWNER OF THE PROPERTY

**VILLAGE OF AMITYVILLE
FULL DISCLOSURE AFFIDAVIT**

In the matter of the Application of:

(RE: location of property)

_____, being duly sworn, deposes and says:

(Applicant)

1. Address and title (if appropriate) of the person making and signing this Affidavit:

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 are as follows: (i.e. contractor, architect, attorney, lending institution, family member, etc.)

3. The names and addresses of ALL persons forth in paragraph #2 of the Affidavit, who also own any property within 500' of the property described in this application, are as follows:

4. The names of ALL persons (in detail, the nature and extent of the interest in property) set forth in paragraph #2 of this Affidavit, who are officers or employees of the Village of Amityville, are as follows:

5. The names of ALL persons set forth in paragraph #2 or #3 of this Affidavit, who are related to any officer or employee of the Village of Amityville and the nature of their relationship are as follows:

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: 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 Name _____ Date: _____	

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)