

Incorporated Village of Oyster Bay Cove
68 West Main Street
Oyster Bay, NY 11771
Phone # 516-922-1016 Fax # 516-922-1761

BOARD OF ZONING APPEALS
Application for Special Use Permit and Amendments

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1. Applicant(s)/Owner(s) Name: _____
 2. Address: _____ Phone #: _____
 3. If Applicant is Contract Vendee, list name and current address of property owners(s) and attach owner's consent to the application.

 4. Attorney, Engineer, or other Representative _____
Firm/ Company Name _____
Address _____ Zip Code _____
Phone# _____ Fax# _____
 5. Description of Subject Property:
Address _____ Sec. _____ Blk _____ Lot(s) _____
Zoning District: _____ Lot area: _____
 6. The variance involved relates to: (Strike out the words that are not applicable)

Use	Frontage	Side Yard	Width	Height
Area	Front Yard	Rear Yard	Depth	Floor Area
Flood Zone Regulations				

Applications to vary the provision of Article _____, Section(s) _____,
Subsections(s) _____ of the Building Zone Ordinances to construct or
maintain (describe project).
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Attach the
Building Inspector's written denial of building permit/certificate of occupancy. (IF MORE THAN
ONE VARIANCE IS REQUESTED, PLEASE CHECK HERE [] AND LIST THE
INFORMATION REQUIRED UNDER #6 ON AN ADDITIONAL PAGE.)

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- [illegible]

11. Does the Property lie within 500' of an adjacent municipality? _____

General Municipal Law Section 239-nn If a portion of this application falls within 500' of the Village OBC boundary, the abutting village shall be listed and notified as part of this mailing at least ten days prior to the hearing.

12. Has the premises at the subject address ever been the subject of a prior variance Application? _____

If yes, state the date of hearing, relief requested and results _____

13. **2 SEPARATE CHECKS made payable to the "Incorporated Village of Oyster Bay Cove"**

(1) FILING FEE- \$2500

(2) HEARING DEPOSIT- \$4000.

These fees can also be online at www.oysterbaycove.net

(The hearing deposit shall be used to pay for the actual costs incurred by the Village (i.e. engineering, environmental review, consulting, stenographer, administration, recording charges and legal expenses) up to the maximum amounts indicated in the Village Code. Should actual expenses exceed \$4000, applicant will be required to reimburse the Village for the total additional expenses. If Village expenses are less than \$4000, applicant must make a written request within one year of the decision to the Village Clerk for a refund. All hearing charges must be paid to the Village, before the Zoning Board of Appeals shall file its decision. A minimum hearing deposit is to be maintained by the applicant as per the Village Code

AFFIRMATION ON SEARCH OF NEIGHBORING PROPERTY OWNERS

Deposes and says:

That he/she is over the age of eighteen and resides at

That on the _____ day of _____, 20____, deponent searched the current Village or Town tax roll records and hereby certifies that such records show the above listed current title owners of the above listed properties within 100 feet of the subject premises.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENT(S) MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date: _____

Record Search Deponent's Signature

WHEREFORE, in accordance with the foregoing alleged facts applicants(s) request said Board of Appeals to vary the strict application of the aforesaid provision(s) of said Village's Building Zone Ordinance, to grant the relief requested and grant such other and further or lesser relief as to this Board seems just and proper.

I HAVE READ THE FOREGOING APPEAL/APPLICATION AND UNDERSTAND THAT ANY FALSE STATEMENT(S) MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date: _____

Applicant(s)/Appellant(s) Signature(s)

(Note: General Municipal Law of the State of New York, Section 809 enacted in 1969 **requires** the filing of the following completed Disclosure Statement)

DISCLOSURE STATEMENT

_____deposes and says:
Applicant(s)/Appellant(s) Name

☐ **FOR INDIVIDUAL APPLICANTS** (Strike out if not applicable)

a. I am over the age of 21 and reside at _____

b. I am the _____ of the property designated
(owner/contract vendee-insert one)

Section _____ Block _____ Lot(s) _____ on the Nassau County Land and Tax Map which forms the subject matter of this application and am fully familiar with all the facts and circumstances hereinafter set forth.

☐ **FOR CORPORATE APPLICANTS** (Strike out if not applicable)

a. I am the _____ of the _____ with
(Office Held) (Name of Corp.)

offices located at: _____
and am fully familiar with all the facts and circumstances hereinafter set forth.

b. The corporation was incorporated under the Laws of the State of _____ and is the _____ of the property designated as
Section _____ Block _____ Lot(s) _____ on the Nassau County Land and Tax Map.

c. The following are the names and residences of each officer, director and shareholder: (Set forth names, residences and relationship to corp.) (Add additional sheet if necessary.)

d. That the corporate stock of said corporation has not been pledged to any person nor has any agreement been made to pledge the said stock (except: If any set forth details.)

☐ **FOR PARTNERSHIP APPLICANTS** (Strike out if not applicable)

a. That I am _____ of the _____
(Partner, Joint Venturer, etc.) (Name of Partnership)
and am fully familiar with all the facts and circumstances hereinafter set forth.

b. That the above partnership was established in _____
(Place)

on _____ and is the _____ of the property
(Owner or Contract Vendee)
designated as Section _____ Block _____ Lot(s) _____
on the Nassau County Land and Tax Map.

c. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.): (Add additional sheet if necessary)

Disclosure Statement must be completed.

1. That there are no encumbrances or holders of any instruments creating an encumbrance upon the subject property (except: if any set forth details.)

2. That neither deponent nor any other person mentioned; in this statement is a Village officer or employee or is related to a Village officer or employee. (Except: if any set forth details.)

3. That no State Officer or employee or local municipal officer or employee in the Nassau County or his spouse or a person by consanguinity related to either of them within the third degree is (are) the Applicant(s) or an officer, director or employee of the Applicant(s), or legally or beneficially owns or controls the corporate stock of the Applicant(s) or is a partner of the Applicant(s), expressed or implied whereby his compensation for services is to be dependent or contingent upon the favorable exercise of discretion in the granting of the application herein. (Except: if any set forth details.)

4. That in the event there is any change in the matters set forth herein prior to the public hearing relating to the property affected hereby, deponent(s) will file with the Village a supplemental statement indicating the details of such change within 48 hours of such change.

I HAVE READ THE FOREGOING AND UNDERSTAND THAT ANY FALSE STATEMENT(S) MADE THEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW.

Date

Applicants(s)/Appellant(s) Signature(s)

CONSENT OF ADJOINING OWNERS

(This page is not required and may be deleted)

We, the undersigned, property owners in the Village of _____
adjoining the property of Appellant(s) _____ herein described
as Section _____ Block _____ Lot(s) _____, hereby approve(s) the
granting of a variance by the Board of Zoning Appeals of said Village so as to permit the
use, construction, or alteration of the building or structure or the use of the land sought by
Appellant(s):

Name and Address of Person
(Please Print)

Signature

PROJECT I.D. NUMBER

SEQR

617.21
Appendix CState 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: Town of Oyster Bay Municipality Village of Oyster Bay Cove County Nassau	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. IS PROPOSED ACTION: New Expansion 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 EXISTING LAND USE RESTRICTIONS? Yes No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Residential Industrial Commercial Agriculture Park/Forest/Open spaces Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL STATE OR LOCAL) Yes No If Yes, list agency(s) and permit/approvals	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? Yes No If Yes, list agency name and permit/approval	
12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? Yes No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/Sponsor Name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a State Agency, complete the Coastal Assessment Form before proceeding with this assessment.

PART II – ENVIRONMENTAL ASSESSMENT (To be completed by Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12?

Yes No If Yes, coordinate the review process and use the FULL EAF.

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTION IN 6 NYCRR, PART 617.6?

Yes No If No, a negative declaration may be superseded by another involved agency.

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

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, 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 why?

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

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 water quantity or type or energy)? Explain briefly:

D. IS THERE, OR IS THERE LIKELY TO BE CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

Yes No If Yes, explain briefly

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.

Check this box if you have identified one or more potentially large or significant adverse impact, 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

Print or Type Name of Responsible Officer in Lead Agency

Title or Responsible Officer

Signature or Responsible Officer in Lead Agency

Signature or Preparer (If different from Responsible Officer)

Date

BOARD OF ZONING APPEALS
VILLAGE OF OYSTER BAY COVE

-----X

In the Matter of the Application of

**AFFIDAVIT PURSUANT TO
GENERAL MUNICIPAL
LAW, §809**

-----X

STATE OF NEW YORK:

COUNTY OF NASSAU: SS:

_____, being duly sworn, deposes and says

1. Complete either paragraph A or B, and cross out the inapplicable paragraph:

(A) FOR INDIVIDUAL APPLICANT: I am (the applicant) (one of the applicants) in the above matter.

(B) FOR ENTITY APPLICANTS: I am the _____ of the applicant in the above matter and am authorized to make this affidavit on behalf of the applicant.

2. I make this affidavit for the purposes of complying with the requirements of General Municipal Law §809.

3. No officer of the State of New York, and no officer or employee of the County of Nassau, the Town of Oyster Bay, or the Village of Oyster Bay Cove, and no party officer of any political party, has an interest in the within application within the meaning of General Municipal Law §809, except as stated hereinafter (if none, state: NONE):

4. In the event there is any change in the information set forth herein between the date hereof and the final determination of this application, a supplemental affidavit will be filed promptly to provide that further information.

Sworn to before me on
This __ day of _____,
20____

(Notary Public)