INCORPORATED VILLAGE OF MANORHAVEN
"THE PEARL OF MANHASSET BAY"
33 Manorhaven Boulevard
Port Washington, New York 11050
Phone: (516) 883-7000; Fax: (516) 439-5574
www.manorhaven.org

APPLICATION FOR VARIANCE, SPECIAL USE PERMIT AND/OR APPEAL

THE FOLLOWING ITEMS ARE REQUIRED:

Ten (10) COPIES EACH OF THE FOLLOWING:

1. APPLICATION FOR VARIANCE WITH ASSOCIATED FEES:

THE APPLICATION MUST BE COMPLETE OR WILL NOT BE ACCEPTED

Please make out separate checks!!!

FEES:	**BZA FEE:**	**BZA DEPOSIT**
ONE FAMILY DWELLING	$200	$2,500
TWO FAMILY DWELLING	$500	$3,500
MULTIPLE DWELLING (3 OR MORE UNITS)	$150.00 PER UNIT	
COMMERCIAL, INDUSTRIAL AND GOVERNMENT		
1ST 10,000 SQ FT	$1200.00	$4,500

2. NOTICE OF DISAPPROVAL FROM THE SUPERINTENDENT OF BUILDINGS

3. AFFIDAVIT OF OWNERSHIP

4. CURRENT SURVEY OF EXISTING SITE / SIGNED AND SEALED

5. SITE PLAN SHOWING PROPOSED CONDITIONS - INDICATE SCALE

6. RADIUS MAP SHOWING SUBJECT PROPERTY AND ALL PROPERTIES THAT FALL WITHIN ANY PORTION OF 200 FT FROM THE APPLICANT PARCEL.

7. SEND COPY OF "BZA NOTICE OF ZONING VARIANCE REQUEST" TO ALL PROPERTY OWNERS WITHIN A 200-FT. RADIUS – VIA CERTIFIED RETURN RECEIPT MAIL. YOU MUST RETURN ALL POST OFFICE RECEIPTS & GREEN POST CARDS TO THE VILLAGE OFFICE. ENCLOSE A COPY OF THE NOTICE WITH YOUR APPLICATION PACKET.

8. LIST THE NAMES AND ADDRESS OF ALL OWNERS OF ALL LANDS THAT FALL WITHIN 200 FT OF THE AFFECTED PROPERTY USE THE ATTACHED FORM.

9. COMPLETE SHORT ENVIRONMENTAL ASSESSMENT FORM.

10. SOIL BORING TEST OR PROOF OF SOIL BORING TEST RESULTS

VILLAGE OF MANORHAVEN - BOARD OF ZONING APPEALS
33 MANORHAVEN BOULEVARD, PORT WASHINGTON, NY 11050 TELEPHONE (516) 883-7000

INSTRUCTIONS FOR VARIANCE, SPECIAL USE AND/OR APPEAL

NOTE: All expenses incurred from application will be withdrawn from BZA Escrow Deposit

ALL DRAWINGS MUST BE 24x36 IN SIZE AND PRESENTED TO THE BZA CLERK WITH THE SIGNATURE AND SEAL OF A LICENSED ARCHITECT OR LICENSED ENGINEER. *DRAWINGS SUBMITTED WITHOUT A SEAL AND SIGNATURE WILL NOT BE ACCEPTED.*

SUBMIT ZONING DATA, FLOOR PLANS, ELEVATIONS AND SECTIONS SCALE= ¼"= 1 FT

ZONING INFROMATION TO BE INCLUDED ON COVER SHEET:

1. AREA OF LOT
2. AREA OF EXISTING BUILDING
3. AREA OF PROPOSED BUILDINGS AND/OR ADDITIONS
4. AREA OF ACCESSORY BUILDINGS AND/OR STRUCTURES
5. PERCENTAGE OF LOT COVERAGE

   FOR TWO FAMILY NO GREATER THAN 25%
   FOR ONE FAMILY NO GREATER THAN 28%

6. SET BACK REQUIREMENTS FOR THE FRONT, REAR AND SIDES
7. HEIGHT OF PROPOSED BUILDINGS ABOVE THE CROWN OF THE ROAD
8. INDICATE NUMBER OF PROPOSED PARKING SPACES

   3 REQUIRED FOR TWO FAMILY RESIDENCES
   2 MIN FOR ONE FAMILY RESIDENCE

9. SHOW PROPOSED DRY WELLS FOR ROOF AND DRIVEWAY RUN OFF
10. INDICATE EXISTING & PROPOSED SITE ELEVATIONS – 4 CORNERS, TOP CROWN OF
12. SHOW EXISTING TREES TO REMAIN

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INSTRUCTIONS FOR VARIANCE, SPECIAL USE AND/OR APPEAL

In order to file for a Variance the applicant must submit 10 sets of presentation drawings, building Permit Application, with a $100.00 deposit.

Once the Denial Letter is written you will receive A BZA application and a description of the Variance request listed on the Notice of Mailing to

Adjoining Property Owners
Submit the application along with the prescribed fees, radius map and names of adjoining property owners for review prior to mailing.

The Village of Manorhaven strongly suggests that you use the **Nassau County Tax Records** to develop the list of properties that fall with in the 200-hundred-foot radius map top ensure accurate notifications.

Once the list is reviewed you will be notified that you can proceed with the mailing.

SUBMIT: (10) stamped and sealed copies of drawings (All drawings to be 24x36) and application, including current survey, site plan with planting schedule, four Elevations with color representation of materials indicate floor elevations, include crown of road elevation in relation to grade. In addition, submit Floor plans and Sections.

APPLICATION # _____ FEE _____ DATE _____

SECTION _____ BLOCK _____ LOT(S) _____

CURRENT OCCUPANCY _____ LOT SIZE _____ ZONE _____

Property Location _____

LOT COVERAGE _____ FEET FRONT _____ FEET DEEP _____

RIGHT SIDE YARD _____ LEFT SIDE YARD _____ HEIGHT _____

PRESENT USE _____

PROPOSED USE _____

DESCRIBE PROPOSED PROJECT

_____

_____

_____

_____

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1. Name of Applicant _____

Site Address _____

_____

Telephone _____

2. Property Owner _____

Address _____

_____

Telephone _____

One of the following affidavits must be completed:
By signing below I attest that all statements and facts submitted in these documents are true and that owner/representative agree to all outlined terms in this application.

Affidavit to be completed by Owner Other than Corporation
STATE OF NEW YORK
COUNTY OF NASSAU:

_____ Being duly sworn, deposes and says he is the owner in fee of the property described in the foregoing application. That the statements contained therein are true to the best of his knowledge and belief.

Sworn to before me this _____ day of _____ 20___

_____ STAMP
Notary Public

Affidavit to be Completed by Corporation Owner
STATE OF NEW YORK
COUNTY OF NASSAU:

_____ Being duly sworn, deposes and says he resides at

_____ in the County of _____ and State of _____

That he is the _____ of _____
the Corporation which is owner in fee of the property described in the foregoing application for consideration of preliminary layout, and that the statements contained therein are true to the best of his or her knowledge and belief.

Sworn to before me this _____ day of _____ 20___

_____ STAMP
Notary Public

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Affidavit to be completed by Agent of Owner

STATE OF NEW YORK
COUNTY OF NASSAU:

_____Being duly sworn, deposes and says (s)he is the agent named in the foregoing application for consideration of the preliminary layout, that he has been duly authorized by the owner in fee to make application and that the foregoing statements contained therein are true to the best of his or her knowledge and belief.

Sworn to before me this _____ day of _____ 20___

_____ STAMP
Notary Public

LIST OWNERS NAMES OF ADJOINING PROPERTIES WITHIN 200 FT RADIUS OF SUBJECT PROPERTY

Applicant: _____ Hearing Date:_____

Address
_____

Variance requested
_____

_____

Section	Block	Lot(s)	Owner of record	Address of record
4	_____	_____	_____	_____
4	_____	_____	_____	_____
4	_____	_____	_____	_____
4	_____	_____	_____	_____
4	_____	_____	_____	_____
4	_____	_____	_____	_____

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VARIANCE APPLICATION
AFFIDAVIT OF MAILING

STATE OF NEW YORK)
) SS:
COUNTY OF NASSAU)

_____, being duly sworn, deposes and says that I am the Owner

Agent for the owner (cross out wrong one) and on the _____day of _____, 20___

I served a copy of the attached Notice to Owners of adjoining properties to owners of record

at the address indicated on the attached listing of Owners of Adjoining Properties. The said

list comprising all the owners of property within a (Two) hundred foot radius of the subject

property was sealed in a postpaid envelope and deposited at the Post Office.

The List of names compiled for the radius map was obtained from the following tax records:

☐ Nassau County ☐ Town of North Hempstead ☐ Village of Manorhaven

The said notice was mailed by Certified Mail, return receipt requested. The mailing receipts and the returned cards are attached hereto.

_____
Signature

Sworn to before me this_____day of_____, 20___

_____
Notary

VILLAGE OF MANORHAVEN
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BZA NOTICE OF ZONING VARIANCE REQUEST

Mail copy to ALL PROPERTY OWNERS within 200-ft. radius of property
via Certified Mail – Return Receipt

To: _____
List Properties Owners Name

_____
List Properties Owners Address

_____

PLEASE TAKE NOTICE that the undersigned has made an application to the Village of Manorhaven Board of Zoning Appeals and is requesting a variance of the Zoning Code as described below:

at the premises situated at Section _____ Block _____ Lot(s) _____

A Public Hearing will be held by the Board of Zoning Appeals Village of Manorhaven at the

Village Hall, 33 Manorhaven Boulevard, Port Washington, New York on _____, the

_____ day of _____ 20____, at _____:_____ PM.

This notice is sent to you by certified mail, under the provisions of the Board of Zoning Appeals of the Village of Manorhaven

Applicant Name: _____

Signed_____ Date _____

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ADDITIONAL NOTICE OF HEARING (PURSUANT TO LOCAL LAW 15-2025)

Amendment to the Local Laws Sec. 38-4(L); Sec. 133-2E; Sec. 155-63(B)(2) and Sec. 155.60(C)2(b), to provide for an increased sign size requirements to display permits and applications to the Board of Zoning Appeals, Planning Board, and the Board of Trustees (Subdivision and Site Plan review on parcels larger than ½ acre). The length of time that the signs will have to be displayed prior to the public meeting of the aforementioned boards will also be increased from 7 days prior to a hearing to 15 days prior to the hearing.

To be posted in conspicuous place or prominently displayed in front of property:

Sample Notice

(24x36 Board)
See below Sample Notice Board

NOTICE OF PUBLIC HEARING

Appeal # (Enter BZA Number here) – (Enter complete address here) (Enter Section/Block/Lot here) – (Enter current Zoning here) (enter description of proposed application here). PLEASE TAKE NOTE: Applicant or their representative and all parties interested should appear at a public hearing to be held on the above matter at 6:30 pm on (enter date of hearing here) at Village Hall, 33 Manorhaven Blvd, Port Washington, NY. Please visit the Village website at www.manorhaven.gov for continuation meeting updates for application.

Short Environmental Assessment Form
Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information		
Name of Action or Project:		
Project Location (describe, and attach a location map):		
Brief Description of Proposed Action:		
Name of Applicant or Sponsor:	Telephone: E-Mail:	
Address:		
City/PO:	State:	Zip Code:

	NO	YES
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.	☐	☐
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:	☐	☐

3. a. Total acreage of the site of the proposed action? _____ acres
   b. Total acreage to be physically disturbed? _____ acres
   c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres

4. Check all land uses that occur on, are adjoining or near the proposed action:
   ☐ Urban ☐ Rural (non-agriculture) ☐ Industrial ☐ Commercial ☐ Residential (suburban)
   ☐ Forest ☐ Agriculture ☐ Aquatic ☐ Other(Specify):
   ☐ Parkland

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	☐	☐	☐
b. Consistent with the adopted comprehensive plan?	☐	☐	☐

	NO	YES
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	☐	☐

	NO	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		
If Yes, identify: _____	☐	☐

	NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	☐	☐
b. Are public transportation services available at or near the site of the proposed action?	☐	☐
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	☐	☐

	NO	YES
9. Does the proposed action meet or exceed the state energy code requirements?		
If the proposed action will exceed requirements, describe design features and technologies:	☐	☐
_____		
_____		

	NO	YES
10. Will the proposed action connect to an existing public/private water supply?		
If No, describe method for providing potable water: _____	☐	☐
_____		

	NO	YES
11. Will the proposed action connect to existing wastewater utilities?		
If No, describe method for providing wastewater treatment: _____	☐	☐
_____		

	NO	YES
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	☐	☐
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	☐	☐

	NO	YES
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	☐	☐
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	☐	☐
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		
_____		
_____		

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

☐ Shoreline ☐ Forest ☐ Agricultural/grasslands ☐ Early mid-successional

☐ Wetland ☐ Urban ☐ Suburban

	NO	YES
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	☐	☐
16. Is the project site located in the 100-year flood plan?	☐	☐
17. Will the proposed action create storm water discharge, either from point or non-point sources?	☐	☐
If Yes,		
a. Will storm water discharges flow to adjacent properties?	☐	☐
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	☐	☐
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?	☐	☐
If Yes, explain the purpose and size of the impoundment: _____ _____		
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?	☐	☐
If Yes, describe: _____ _____		
20.Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?	☐	☐
If Yes, describe: _____ _____		

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: _____ Date: _____

Signature: _____ Title: _____

PRINT FORM