SOUTHOLD TOWN ZONING BOARD OF APPEALS

Phone (631) 765-1809
Email: kimf@southoldtownny.gov

Instructions for Accessory Bed and Breakfast in Existing Dwelling
Special Exception Application

Please submit eight (8) collated sets of the following with the ORIGINAL SIGNED SET on top:

1. **Application Form** typed or neatly printed. (Your application will be read during the hearing.)
2. **The following Forms filled out completely**: Project Description form, Questionnaire form, Agricultural Data Form, Short EAF form, Transactional Disclosure form (owner and agent)
3. Please include **current owner's name and address.**
4. Please submit copies of all **Certificates of Occupancy** covering all structures, together with a copy of the **current Deed** of the premises showing proof of owners. Submit a copy of your **Town Property Card** and **current photos of the dwelling.**
5. The owner must reside in the principal dwelling. Please **provide ALL of the following forms of documented proof of full-time owner-occupancy:** voter registration, NYS tax return, utility bill, driver's license, as well as **STAR Exemption** to indicate that subject premises is the applicant's principal dwelling. **The Office of the Zoning Board of Appeals will NOT accept an application without aforementioned document, NOR from a contract vendee, NOR will the Office accept an application for B&B Use in an accessory structure (building).**
6. An original and seven copies (total 8) of **building plans of existing floors** drawn to scale and signed by the preparer showing:
7. Square Footage of floor areas; all spaces labeled, show hallways and exits.
8. Rooms labeled for accessory Bed and Breakfast occupancy with square footage noted.
9. Rooms for owner's use labeled with square footage noted. B&B rooms MUST be within the main dwelling, not in a separate building.
10. Original and seven (7) copies (total 8) of **available survey** showing all setbacks of existing structures and uses of all structures, together with parking area with two owner's spaces (minimum size 9 ft. x 18 ft. for each space) and one additional space for each B&B room applied for.
11. **$1,500.00 filing fee** (check payable to Town of Southold). Please either mail or drop off your application forms.
12. Prior to your hearing date, you will receive a letter detailing the next step for "Notice to Surrounding Property Owners" under Chapter 55 of the Town Code along with posting instructions. We will supply you with the Tax lot numbers of properties to be notified. You must confirm current landowners' mailing addresses according to the Assessment Rolls/tax records (located at Southold Town Assessors Office).

After reviewing your documentation, notification will be sent to you confirming the expected date and time of the public hearing (at which time one property owner-resident must attend). **The ZBA office will call to schedule an appointment for the ZBA Board members to conduct an interior inspection of your proposed Bed and Breakfast prior to the hearing.** An Accessory B&B Permit is **not transferable** to a future owner; any future owner must reapply. An annual renewal inspection is required by the Building Department. Please feel free to call 631-765-1809 or email: elizabeths@southoldtownny.gov or donnaw@southoldtownny.gov, if you have any questions concerning these procedures.

PLEASE NOTE: IT IS THE APPLICANT/AGENT'S RESPONSIBILTY TO REVIEW THE CONTENTS OF THEIR ZBA OFFICE FILE FOR UPDATES ON ANY CORRESPONDENCE RECEIVED FROM NEIGHBOR'S AND/OR AGENCIES SUCH AS LWRP, COUNTY PLANNING, TRUSTEES, TOWN PLANNING, ETC. PRIOR TO THE DATE OF ANY SCHEDULED PUBLIC HEARING.

Amended 11/28/2023

ZONING BOARD OF APPEALS
TOWN OF SOUTHOLD, NEW YORK

BED & BREAKFAST SPECIAL EXCEPTION STANDARDS

☐ The accessory B&B will be located only in the principal dwelling.

☐ The owner of the premises shall occupy the existing single-family dwelling unit as the **owners' principal residence.**

☐ A smoke alarm shall be provided on each floor and in every guest room. A fire safety notice shall be affixed to the occupied side of the entrance door of each bedroom for B&B use indicating; 1) means of egress, 2) location of means for transmitting fire alarms, if any; and 3) evacuation procedures to be followed in the event of a fire or smoke condition or upon activation of a fire or smoke-detecting or other alarm device.

☐ No sleeping rooms for B&B use shall be located above the second story.

☐ The dwelling shall have at least two (2) exits and there shall be a window to code to provide emergency egress in every sleeping room for B&B use. Means of egress shall include at least one of the following alternatives: 1) A portable escape ladder that attached securely to the sill, shall be provided for second story rooms for B&B use, constructed with rigid rungs designed to stand off from the building wall, it shall be capable of sustaining a minimum load of 1,000 pounds, and shall extend to and provide unobstructed egress to open space at grade, 2) an exterior stair per code, 3) or limited area sprinkler system per code.

☐ There shall be no exterior signage identifying the use as a Bed and Breakfast in residential areas.

☐ No accessory apartment, as authorized by Section 280-13(B)(14), shall be permitted in or on premises for which a Bed and Breakfast is authorized or exists.

☐ This conversion shall be subject to a building permit, inspection by the Building Inspector and Renewal of Certificate of Compliance annually.

☐ The existing building, together with this Bed and Breakfast, shall comply with all other requirements of Chapter 280 of the Town Code of the Town of Southold.

☐ This conversion for the Bed and Breakfast shall comply with all other rules and regulations of the New York State Construction Code and other applicable codes.

PROOF THAT SUBJECT PROPERTY IS PRIMARY RESIDENCE ENCLOSED:

☐ Voter registration ☐ Driver's license ☐ Utility bill

☐ NYS tax return ☐ Star Exemption

ACCESSORY BED and BREAKFAST IN EXISTING DWELLING
APPLICATION FOR SPECIAL EXCEPTION

TO THE ZONING BOARD OF APPEALS, SOUTHOLD, NEW YORK:

Applicant(s), _____

Parcel Location: House No. _____ Street _____ Hamlet _____

Contact phone numbers: _____ Email: _____

SCTM 1000 Section _____ Block _____ Lot(s) _____ Lot Size _____ Zone District _____

hereby apply to THE ZONING BOARD OF APPEALS for a SPECIAL EXCEPTION in accordance with the ZONING ORDINANCE, ARTICLE III , SECTION 280, SUBSECTION 13(B)14 for the following uses and purposes:

as shown on the attached **ORIGINAL** survey/site plan drawn to scale.

Agent/Representative Name: _____

Mailing Address of Agent: _____

Telephone No. _____ Email Address: _____

A. Statement of Ownership and Interest:

_____ is (are) the owner(s) of property known and referred

to as _____

(House No., Street, Hamlet)

identified on the Suffolk County Tax Maps as District 1000, Section _____, Block _____, Lot _____, and shown on the attached deed.

The above-described property was acquired by the owner on _____.

Star Exception Program: Do you participate in Star Exception Program? (Town Assessors) (i.e. Proof that the property is the applicant/owner's primary residence:

☐ Yes ☐ No If not registered in Star Exception Program, please explain why:

_____

BED & BREAKFAST – SPECIAL EXCEPTION APPLICATION
PAGE 2

B. The applicant alleges that the approval of this exception would be in harmony with the intent and purpose of said zoning ordinance and that the proposed use conforms to the standards prescribed therefore in said ordinance and would not be detrimental to property or persons in the neighborhood for the following reasons:

C. In addition to meeting the standards prescribed by the zoning ordinance, the following requirements will be met:

1) The accessory B&B will be located only in the principal dwelling.
2) The owner of the premises shall occupy the existing single-family dwelling unit as the owners' principal residence.
3) A smoke alarm shall be provided on each floor and in every guest room. A fire safety notice shall be affixed to the occupied side of the entrance door of each bedroom for B&B use indicating; 1) means of egress, 2) location of means for transmitting fire alarms, if any; and 3) evacuation procedures to be followed in the event of a fire or smoke condition or upon activation of a fire or smoke-detecting or other alarm device.
4) No sleeping rooms for B&B use shall be located above the second story.
5) The dwelling shall have at least two (2) exits and there shall be a window to code to provide emergency egress in every sleeping room for B&B use. Means of egress shall include at least one of the following alternatives: 1) A portable escape ladder that attached securely to the sill, shall be provided for second story rooms for B&B use, constructed with rigid rungs designed to stand off from the building wall, it shall be capable of sustaining a minimum load of 1,000 pounds, and shall extend to and provide unobstructed egress to open space at grade, 2) an exterior stair per code, 3) or limited area sprinkler system per code.
6) There shall be no exterior signage identifying the use as a Bed and Breakfast in residential areas.
7) No accessory apartment, as authorized by Section 280-13(B)(14), shall be permitted in or on premises for which a Bed and Breakfast is authorized or exists.
8) This conversion shall be subject to a building permit, inspection by the Building Inspector and Renewal of Certificate of Compliance annually.
9) The existing building, together with this Bed and Breakfast, shall comply with all other requirements of Chapter 280 of the Town Code of the Town of Southold.
10) This conversion for the Bed and Breakfast shall comply with all other rules and regulations of the New York State Construction Code and other applicable codes.

D. The property which is the subject of this application is zoned _____ and
[ ] has not changed since the issuance of the Certificate of Occupancy attached.
[ ] has changed or received additional building permits, and Certificates of Occupancy for these changes are attached or will be furnished.

By signing below, I certify all information is true and correct to the best of my knowledge.

_____
(Owner – Agent Signature)

COUNTY OF SUFFOLK)
ss.:
STATE OF NEW YORK)
Sworn to before me this _____ day

of _____, 20_____.

_____
(Notary Public)

APPLICANT'S PROJECT DESCRIPTION

<u>For Bed & Breakfast Special Exceptions</u>, please indicate if any improvements are being proposed. If no improvements to the property are proposed, indicate "not applicable".

APPLICANT: _____ DATE PREPARED: _____

1. For Demolition of Existing Building Areas

Please describe areas being removed:_____
_____
_____
_____

II. New Construction Areas (New Dwelling or New Additions/Extensions):

Dimensions of first floor extension**:** _____
Dimensions of new second floor**:** _____
Dimensions of floor above second level**:** _____
Height (from finished ground to top of ridge): _____
Is basement or lowest floor area being constructed? If yes, please provide height (above ground) measured from natural existing grade to first floor: _____

III. Proposed Construction Description (Alterations or Structural Changes)
(Attach extra sheet if necessary). Please describe building areas:
Number of Floors and General Characteristics **BEFORE** Alterations: _____
_____
_____
Number of Floors and Changes **WITH** Alterations: _____
_____
_____

IV. Calculations of building areas and lot coverage (from surveyor):
Existing square footage of buildings on your property: _____
Proposed increase of building coverage: _____
Square footage of your lot: _____
Percentage of coverage of your lot by building area: _____

V. Purpose of New Construction: _____
_____
_____
_____

VI. Please describe the land contours (flat, slope %, heavily wooded, marsh area, etc.) on your land and how it relates to the difficulty in meeting the code requirement (s):
_____
_____
_____
_____

QUESTIONNAIRE
FOR FILING WITH YOUR ZBA APPLICATION

A. Is the subject premises listed on the real estate market for sale?
_____Yes _____No

B. Are there any proposals to change or alter land contours?
_____No _____Yes Please explain on attached sheet. _____

C. 1.) Are there areas that contain sand or wetland grasses?_____

2.) Are those areas shown on the survey submitted with this application?_____

3.) Is the property bulk headed between the wetlands area and the upland building area?_____

4.) If your property contains wetlands or pond areas, have you contacted the Office of the Town Board of Trustees for its determination of jurisdiction? _____ Please confirm status of your inquiry or application with the Trustees:_____ and if issued, please attach copies of permit with conditions and approved survey.

D. Is there a depression or sloping elevation near the area of proposed construction at or below five feet above mean sea level?_____

E. Are there any patios, concrete barriers, bulkheads or fences that exist that are not shown on the survey that you are submitting? _____ Please show area of the structures on a diagram if any exist or state none on the above line.

F. Do you have any construction taking place at this time concerning your premises? _____
If yes, please submit a copy of your building permit and survey as approved by the Building Department and please describe: _____

G. Please attach all pre-certificates of occupancy and certificates of occupancy for the subject premises. If any are lacking, please apply to the Building Department to either obtain them or to obtain an Amended Notice of Disapproval.

H. Do you or any co-owner also own other land adjoining or close to this parcel?_____ If yes, please label the proximity of your lands on your survey.

I. Please list present use or operations conducted at this parcel _____

_____ and the proposed use _____

_____.
(ex: existing single family, proposed: same with garage, pool or other)

_____ _____
Authorized signature Date

_____
Print Name

AGRICULTURAL DATA STATEMENT
ZONING BOARD OF APPEALS
TOWN OF SOUTHOLD

WHEN TO USE THIS FORM: ***This form must be completed by the applicant for any special use permit, site plan approval, use variance, area variance or subdivision approval on property within an agricultural district OR within 500 feet of a farm operation located in an agricultural district. All applications requiring an agricultural data statement must be referred to the Suffolk County Department of Planning in accordance with Section 239m and 239n of the General Municipal Law.***

1. Name of Applicant:_____
2. Address of Applicant:_____
3. Name of Land Owner (if other than Applicant):_____
4. Address of Land Owner:_____
5. Description of Proposed Project:_____
6. Location of Property: (road and Tax map number)_____
7. Is the parcel within 500 feet of a farm operation? { } Yes { } No
8. Is this parcel actively farmed? { } Yes { } No
9. Name and addresses of any owner(s) of land within the agricultural district containing active farm operations. Suffolk County Tax Lot numbers will be provided to you by the Zoning Board Staff, it is your responsibility to obtain the current names and mailing addresses from the Town Assessor's Office (765-1937) or from the Real Property Tax Office located in Riverhead.

NAME and ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(Please use the back of this page if there are additional property owners)

_____ _____/_____/_____
Signature of Applicant Date

Note:
1. The local Board will solicit comments from the owners of land identified above in order to consider the effect of the proposed action on their farm operation. Solicitations will be made by supplying a copy of this statement.
2. Comments returned to the local Board will be taken into consideration as part as the overall review of this application.
3. Copies of the completed Agricultural Data Statement shall be sent by applicant to the property owners identified above. The cost for mailing shall be paid by the Applicant at the time the application is submitted for review.

617.20
Appendix B
Short Environmental Assessment Form

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:		
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.			**NO**	**YES**
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			**NO**	**YES**
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, adjoining and 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?		
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____ _____		
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		
b. Are public transportation service(s) available at or near the site of the proposed action?		
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		
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: _____ _____		
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____		
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____		
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		
b. Is the proposed action located in an archeological sensitive area?		
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 plain?		
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? ☐ NO ☐ YES		
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: ☐ NO ☐ YES _____ _____		

	NO	YES
18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____ _____		
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 AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor name: _____ Date: _____

Signature: _____

Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2. Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing: a. public / private water supplies?		
b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		

	No, or small impact may occur	Moderate to large impact may occur
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3. For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

□ Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

□ 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.

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)

APPLICANT/OWNER
TRANSACTIONAL DISCLOSURE FORM

The Town of Southold's Code of Ethics prohibits conflicts of interest on the part of town officers and employees. The purpose of this form is to provide information which can alert the town of possible conflicts of interest and allow it to take whatever action is necessary to avoid same.

YOUR NAME: _____
(Last name, first name, middle initial, unless you are applying in the name of someone else or other entity, such as a company. If so, indicate the other person's or company's name.)

TYPE OF APPLICATION: (Check all that apply)

Tax grievance	**_____**	**Building Permit**	**_____**
Variance	**_____**	**Trustee Permit**	**_____**
Change of Zone	**_____**	**Coastal Erosion**	**_____**
Approval of Plat	**_____**	**Mooring**	**_____**
Other (activity)	**_____**	**Planning**	**_____**

Do you personally (or through your company, spouse, sibling, parent, or child) have a relationship with any officer or employee of the Town of Southold? "Relationship" includes by blood, marriage, or business interest. "Business interest" means a business, including a partnership, in which the town officer or employee has even a partial ownership of (or employment by) a corporation in which the town officer or employee owns more than 5% of the shares.

YES _____ NO _____

If you answered "YES", complete the balance of this form and date and sign where indicated.

Name of person employed by the Town of Southold _____

Title or position of that person _____

Describe the relationship between yourself (the applicant/agent/representative) and the town officer or employee. Either check the appropriate line A) through D) and/or describe in the space provided.

The town officer or employee or his or her spouse, sibling, parent, or child is (check all that apply):

_____ A) the owner of greater that 5% of the shares of the corporate stock of the applicant (when the applicant is a corporation)

_____ B) the legal or beneficial owner of any interest in a non-corporate entity (when the applicant is not a corporation)

_____ C) an officer, director, partner, or employee of the applicant; or

_____ D) the actual applicant

DESCRIPTION OF RELATIONSHIP

_____

_____

Submitted this _____ day of_____, 20_____

Signature _____

Print Name _____

APPLICANT/AGENT
TRANSACTIONAL DISCLOSURE FORM

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TYPE OF APPLICATION: (Check all that apply)

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Approval of Plat	**_____**	**Mooring**	**_____**
Other (activity)	**_____**	**Planning**	**_____**

Do you personally (or through your company, spouse, sibling, parent, or child) have a relationship with any officer or employee of the Town of Southold? "Relationship" includes by blood, marriage, or business interest. "Business interest" means a business, including a partnership, in which the town officer or employee has even a partial ownership of (or employment by) a corporation in which the town officer or employee owns more than 5% of the shares.

YES _____ NO _____

If you answered "YES", complete the balance of this form and date and sign where indicated.

Name of person employed by the Town of Southold _____

Title or position of that person _____

Describe the relationship between yourself (the applicant/agent/representative) and the town officer or employee. Either check the appropriate line A) through D) and/or describe in the space provided.

The town officer or employee or his or her spouse, sibling, parent, or child is (check all that apply):

_____ A) the owner of greater that 5% of the shares of the corporate stock of the applicant (when the applicant is a corporation)

_____ B) the legal or beneficial owner of any interest in a non-corporate entity (when the applicant is not a corporation)

_____ C) an officer, director, partner, or employee of the applicant; or

_____ D) the actual applicant

DESCRIPTION OF RELATIONSHIP

_____

_____

Submitted this _____ day of_____, 20_____

Signature _____

Print Name _____

Board of Zoning Appeals Application

AUTHORIZATION

(Where the Applicant is not the Owner)

I, _____ residing at _____
(Print property owner's name) (Mailing Address)

_____ do hereby authorize _____
(Agent)

_____ to apply for variance(s) on my behalf from the

Southold Zoning Board of Appeals.

_____
(Owner's Signature)

_____
(Print Owner's Name)

SOUTHOLD TOWN ZONING CODE

Chapter 280, Section 280-4 Definitions:

BED-AND-BREAKFAST
The renting of not more than five rooms in an owner-occupied dwelling for lodging and serving of breakfast to not more than 10 casual and transient roomers, provided that the renting of such rooms for such purpose is clearly incidental and subordinate to the principal use of the dwelling.
[Amended 3-28-2000 by L.L. No. 7-2000]

Off street parking shall be provided as follows: 2 spaces for the owner and 1 space for each room.

CERTIFICATE OF COMPLIANCE
A document issued by the Building Inspector certifying that the premises indicated conform to Zoning Board of Appeals requirements for bed-and-breakfast use or accessory apartment use at the time of issuance.[1]
[Added 5-20-1993 by L.L. No. 6-1993]

Town Code Chapter 280, Section 280-13 B (14)

Bed-and-breakfasts which have been issued a bed-and-breakfast permit by the Building Inspector. Said permit shall be issued for a term of one year if the following conditions are met:
(a)
A smoke alarm shall be provided on each floor and in every guest room.
(b)
The dwelling shall have at least two exits and there shall be a window large enough for emergency egress in each guest room.
(c)
The identification sign shall be no larger than two square feet in areas zoned Residential-Office or higher, but there shall be no exterior signage identifying the use as a bed-and-breakfast in residential areas.
(d)
No accessory apartment, as authorized by § 280-13B(13) hereof, shall be permitted in or on premises for which a bed-and-breakfast facility is authorized or exists.

RESIDENTIAL CODE OF NEW YORK STATE

SECTION AJ704

BED AND BREAKFAST DWELLING. Owner-occupied residence, resulting from the conversion of a one-family dwelling, used for providing overnight accommodations and a morning meal to not more than 10 transient lodgers, and containing not more than five bedrooms for such lodgers.

SECTION AJ704 BED AND BREAKFAST DWELLINGS

AJ704.1 Scope. Owner-occupied one-family dwellings converted for use as bed and breakfast dwellings as defined in Section AJ202 shall comply with this section.

AJ704.2 Occupancy. A residence converted to a bed and breakfast dwelling shall have no more than five sleeping rooms for accommodating up to 10 transient lodgers.

AJ704.3 Special conditions. A one-family dwelling is permitted to be converted for use as a bed and breakfast dwelling under the following conditions:
1. No sleeping rooms for transient use shall be located above the second story.
2. A fire-safety notice shall be affixed to the occupied side of the entrance door of each bedroom for transient use indicating:
1. Means of egress;
2. Location of means for transmitting fire alarms, if any; and
3. Evacuation procedures to be followed in the event of a fire or smoke condition or upon activation of a fire or smoke-detecting or other alarm device.

AJ704.4 Means of egress. Means of egress shall include at least one of the following alternatives:
1. A limited area sprinkler system installed in conformance with NFPA 13D protecting all interior stairs serving as a means of egress;
2. An exterior stair conforming to the requirements of Sections R314.1 and Section R314.2 of this code, providing a second means of egress from all above grade stories or levels; or
3. An opening for emergency use conforming to the requirements of Section R310 of this code within each bedroom for transient use, such opening to have a sill not more than 14 feet above level grade directly below and, as permanent equipment, a portable escape ladder that attaches securely to such sill. Such ladder shall be constructed with rigid rungs designed to stand off from the building wall, shall be capable of sustaining a minimum load of 1,000 pounds, and shall extend to and provide unobstructed egress to open space at grade.

TOWN BOARD RESOLUTION 2022-809 – Adopted October 4, 2023

RESOLVED, that the Town Board of the Town of Southold hereby sets the Zoning Board of Appeals fee schedule as follows:

ZBA FEE SCHEDULE

Applications to the Board of Appeals for any relief herein shall be accompanied by a fee as hereinafter provided:

1. For area variance applications involving fences, accessory structures or accessory buildings, alterations or additions containing less than 200 square feet in floor area, the fee shall be **$500**.

2. For area variance applications involving fences, accessory structures or accessory buildings, alterations or additions 200 square feet in floor area or more, the fee shall be **$750**.

3. For applications containing more than one request, each additional variance request shall have a fee of **$500**.

4. For applications for interpretations on appeal from an order, decision or determination of an administrative officer, the fee shall **be $1,000**.

5. For applications for variances from Town Law § 280-a (rights-of-way), the fee shall be **$800**.

6. For applications for re-hearings, the fees shall be as follows:

   A. A rehearing necessitated by an Amended Notice of Disapproval the fee shall be **$500.**
   B. An amended decision requiring a hearing shall have a fee that is the same as the original fee.
   C. Reopening the record for hearing on an Appeal that has been closed shall have a fee that is the same as the original application.
   D. A hearing that has been re-calendared because it was adjourned without a date by the Zoning Board of Appeals after a public hearing shall have a fee of **$250.**
   E. A hearing that has been re-calendared because it was adjourned without a date by application request after a public hearing, shall have a fee of **$500**.
   F. A hearing that has been re-calendared because it was adjourned without a date by applicant after a legal notice has been posted, but prior to a public hearing shall have a fee of **$250.**

8. For applications for a Special Exception Permit for a Bed and Breakfast, the fee shall be **$1500.**

9. For applications for a Special Exception Permit for an Accessory Apartment located within an accessory structure, the fee shall be $**1000**.

10. For all other Special Exception Permit applications involving property located in a residential zone, the fee shall be **$1,500**.

11. For all Special Exception Permit applications involving property located in a non-residential zone, the fee shall be **$2,400.**

12. For applications for a waiver of lot merger, the fee shall be **$2,000**.

13. For all applications for a use variance, the fee shall be **$2.000**.

14. For all applications for a variance of the provisions of Article XIX, Signs of this Chapter, the fee shall be **$1,000** for each variance requested.

15. For applications for a Special Exception Permit for public utility structures and uses, the fee shall be **$2,000.**

16. For a Reversal of Notice of Disapproval, the fee shall be **$1,000.**

Application fees shall be doubled if improvements were completed without permits.

Department of Zoning. Zoning Board of Appeals application fees are nonrefundable.