

**ZONING BOARD OF APPEALS  
TOWN OF OYSTER BAY, N.Y.  
RULES OF PROCEDURE  
Application for a Variance**

**THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION:**

- 1) Two (2) original copies of the **Board of Appeals Application** with executed signature of fee owner.
- 2) The **rejected building permit application** together with three (3) sets of building plans.
- 3) Fourteen (14) legible copies of a **survey** of the subject property prepared by a licensed surveyor drawn to scale indicating setbacks from property lines. If application is to **maintain** then highlight what the application is for.
- 4) For proposed structures/additions, an additional fourteen (14) legible copies of a **plot plan** showing the proposed structures/additions indicating setbacks from property lines is also required. The plot plan **cannot** be substituted for surveys.
- 5) Fourteen (14) copies of a **radius map**, drawn to scale, showing the size and location of all parcels located within a radius of 100 feet (300 feet for commercial parking) measured from all points of the subject property and indicated thereon the name and mailing address and section, block and lot for each parcel shown.
- 6) **PLOT PLAN, SURVEY & RADIUS MAPS MUST BE COLLATED AND STAPLED INTO 14 PACKETS.**
- 7) A **Disclosure Affidavit** pursuant to the Building Zone Ordinance (One for Applicant and one for Representative of Applicant if needed).
- 8) A **Prior Application Affidavit** listing all prior applications (copy/copies) attached to form) affecting subject property made to the Zoning Board of Appeals and/or the Town Board either for change of Zone or Special Permit. If prior application has been made, include a copy of Town Board Resolution.

**FEES**

- 9) Once your application has been reviewed by the Division of the Zoning Board of Appeals, a **fee** will be calculated and you will be notified by postcard of that fee. Please pay promptly.

**PROOF OF NOTICE**

- 10) A **Notice to Owners and Occupants** form will be mailed to you by the Division of Zoning Board of Appeals **18-20 days** prior to your hearing date. You or your representative must send this form by mail to each owner, occupant and contract vendee (if any) of all parcels of property located within a radius of 100 feet (300 feet for commercial parking) measured from all points of the subject property lines. However, such notice must be sent by Certified Mail, Return Receipt Requested to those owning or occupying all properties abutting the subject property and **A SECOND NOTICE** to be addressed "**Owner/Occupant**" to all abutting properties. Said notice shall be postmarked **not less than TEN (10) days** prior to the date set for the Public Hearing.
- 11) Along with the "**Notice**" you will be mailed an "**Affidavit of Mailing**". This Affidavit, having attached thereto a true and complete copy of the "Notice to Owners and Occupants" together with U.S. Postal Receipt or "Certificate of Mailing" for each Certified letter mailed to the abutting property owners, must be filed with the Zoning Board **not less than TWO days** prior to the date of the scheduled Public Hearing.

**NOTE:** 1) A separate application for a variance or permit shall be required in the following cases even though the applications relate to the same property or premises: a) for each building if more than one; b) for each special exception requested; c) for each use variance required; d) for each special permit requested. (When applications relating to the same premises are filed simultaneously, the applicant shall be required to file only one completed set of surveys and maps with only two additional for each additional separate applications. 2) In the case of application for **Variance from the plot area and/or width requirements of the Ordinance**, the following shall be annexed to and made part of the application in addition to the foregoing. A) An **abstract of title** affirmed or sworn to by an attorney or by a recognized title examiner, in the form required by the Board, setting forth the Chain of Title (all records of conveyance) of the subject property and all adjacent and abutting plots on and from January 26, 1953 to date. **IMPORTANT:** The abstract of title shall be typewritten or printed on a letter or legal size paper and shall fore each conveyance recorded, show the full name of the grantor and the grantee, the date of deed, the date of recording and the liber and page. Each conveyance recorded concerning any lot must indicate all other lots or property conveyed in the same instrument. If new lot numbers have been assigned since January 1953, the abstract shall indicate both the prior lot numbers and the new lot numbers.



TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771  
BOARD OF APPEALS  
APPLICATION

624-6230

THESE SPACES FOR OFFICIAL USE ONLY

|                 |             |                 |                 |          |
|-----------------|-------------|-----------------|-----------------|----------|
| APPLICATION NO. | RECEIPT NO. | DATE ADVERTISED | DATE OF MEETING | CASE NO. |
|-----------------|-------------|-----------------|-----------------|----------|

1. PLEASE TYPEWRITE OR PRINT ALL INFORMATION IN INK

|                  |             |          |               |
|------------------|-------------|----------|---------------|
| APPELLANT'S NAME |             |          | DATE          |
| STREET ADDRESS   | POST OFFICE | ZIP CODE | TELEPHONE NO. |
| MAIL TO NOTICE   |             |          |               |
| STREET ADDRESS   | POST OFFICE | ZIP CODE | TELEPHONE NO. |

2. SUBJECT

|         |  |
|---------|--|
| SUBJECT |  |
|---------|--|

3. LOCATION OF PROPERTY

|                                                 |                              |
|-------------------------------------------------|------------------------------|
| SIDE OF AND NAME OF STREET                      | NO. OF FT. FROM Intersection |
| DIRECTION FROM AND NAME OF NEAREST INTERSECTION | VILLAGE                      |

4. SECTION BLOCK LOTS ZONE  
REASON FOR APPEAL TO CHANGE PRESENT STATUS. ATTACH RIDER IF ADDITIONAL SPACE IS REQUIRED

|                                                                                          |  |  |  |
|------------------------------------------------------------------------------------------|--|--|--|
| REASON FOR APPEAL TO CHANGE PRESENT STATUS. ATTACH RIDER IF ADDITIONAL SPACE IS REQUIRED |  |  |  |
|------------------------------------------------------------------------------------------|--|--|--|

AFFIDAVIT OF OWNERSHIP

5. COUNTY OF NASSAU )  
STATE OF NEW YORK ) ss:

\_\_\_\_\_ being duly sworn, deposes and says that he resides  
at \_\_\_\_\_

\_\_\_\_\_ STREET \_\_\_\_\_ VILLAGE  
In the County of \_\_\_\_\_ and State of \_\_\_\_\_ that he is  
(the owner in fee)\* (the \_\_\_\_\_ ) of \_\_\_\_\_ the corporation  
which is owner in fee\* of the premises described in this application shown on the Nassau County Tax Map as Section No. \_\_\_\_\_

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ that he has authorized \_\_\_\_\_  
\_\_\_\_\_ to make this application\* and that the statements of fact contained in this  
application are true.

SWORN BEFORE ME THIS  
day of \_\_\_\_\_ 20 \_\_\_\_\_

OWNER'S SIGNATURE

NOTARY PUBLIC

\*STRIKE OUT INAPPLICABLE WORDS

6. IS THE SUBJECT PROPERTY LOCATED WITHIN 500 FEET OF ANY STATE PARK OR PARKWAY? PURSUANT TO TOWN LAW 67.SUB 6.)

THESE SPACES FOR OFFICE USE ONLY

7. TYPE OF VARIANCE

REJECTED FOR ARTICLE

SECTION

FEE \$

|                                    |                     |                                         |
|------------------------------------|---------------------|-----------------------------------------|
| PREVIOUS BOARD OF APPEALS CASE NO. | TYPE OF APPLICATION | DATE REJECTED BY BUILDING DEPT. MANAGER |
|------------------------------------|---------------------|-----------------------------------------|



TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771  
BOARD OF APPEALS  
APPLICATION 624-6230

THESE SPACES FOR OFFICIAL USE ONLY

|                 |             |                 |                 |          |
|-----------------|-------------|-----------------|-----------------|----------|
| APPLICATION NO. | RECEIPT NO. | DATE ADVERTISED | DATE OF MEETING | CASE NO. |
|-----------------|-------------|-----------------|-----------------|----------|

1. PLEASE TYPEWRITE OR PRINT ALL INFORMATION IN INK

|                  |             |          |               |
|------------------|-------------|----------|---------------|
| APPELLANT'S NAME |             |          | DATE          |
| STREET ADDRESS   | POST OFFICE | ZIP CODE | TELEPHONE NO. |
| MAIL TO NOTICE   |             |          |               |
| STREET ADDRESS   | POST OFFICE | ZIP CODE | TELEPHONE NO. |

2. SUBJECT

3. LOCATION OF PROPERTY

|                                                 |                              |
|-------------------------------------------------|------------------------------|
| SIDE OF AND NAME OF STREET                      | NO. OF FT. FROM Intersection |
| DIRECTION FROM AND NAME OF NEAREST INTERSECTION | VILLAGE                      |

4.

|                                                                                          |       |      |      |
|------------------------------------------------------------------------------------------|-------|------|------|
| SECTION                                                                                  | BLOCK | LOTS | ZONE |
| REASON FOR APPEAL TO CHANGE PRESENT STATUS. ATTACH RIDER IF ADDITIONAL SPACE IS REQUIRED |       |      |      |

AFFIDAVIT OF OWNERSHIP

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

\_\_\_\_\_ being duly sworn, deposes and says that he resides  
at \_\_\_\_\_  
NAME OF PROPERTY OWNER  
\_\_\_\_\_ STREET \_\_\_\_\_ VILLAGE  
In the County of \_\_\_\_\_ and State of \_\_\_\_\_ that he is  
(the owner in fee)\* (the \_\_\_\_\_ ) of \_\_\_\_\_ the corporation  
which is owner in fee\* of the premises described in this application shown on the Nassau County Tax Map as Section No. \_\_\_\_\_  
Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ that he has authorized \_\_\_\_\_  
\_\_\_\_\_ to make this application\* and that the statements of fact contained in this  
application are true.

SWORN BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

OWNER'S SIGNATURE

NOTARY PUBLIC

\*STRIKE OUT INAPPLICABLE WORDS

6. IS THE SUBJECT PROPERTY LOCATED WITHIN 500 FEET OF ANY STATE PARK OR PARKWAY? PURSUANT TO TOWN LAW 67.SUB 5.)

THESE SPACES FOR OFFICE USE ONLY

7. TYPE OF VARIANCE

REJECTED FOR ARTICLE

SECTION

FEE \$

|                                    |                     |                                         |
|------------------------------------|---------------------|-----------------------------------------|
| PREVIOUS BOARD OF APPEALS CASE NO. | TYPE OF APPLICATION | DATE REJECTED BY BUILDING DEPT. MANAGER |
|------------------------------------|---------------------|-----------------------------------------|



**Town of Oyster Bay**  
Department of Planning and Development  
Town Hall – 74 Audrey Avenue  
Oyster Bay, New York 11771  
(516) 624-6200  
FAX (516) 624-6240  
www.oysterbaytown.com

ELIZABETH L. MACCARONE  
COMMISSIONER

TIMOTHY R. ZIKE  
DEPUTY COMMISSIONER

**APPLICANT'S DISCLOSURE AFFIDAVIT**

PREMISES: \_\_\_\_\_

STATE OF NEW YORK )

ss.

COUNTY OF )

\_\_\_\_\_, being duly sworn, deposes and says:

1. That I am \_\_\_\_\_ (age), and reside at (address) \_\_\_\_\_.
2. That I am the (owner, lessee, etc.) \_\_\_\_\_ of property which is the subject Matter of this application and am familiar with all the facts and circumstances hereinafter set forth.
3. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.) \_\_\_\_\_.
4. That there are no encumbrances or holders of any instruments creating and encumbrance upon the subject property – except: (if any, set forth details) \_\_\_\_\_.
5. That neither deponent nor any other person mentioned in this affidavit is an officer or Employee, or is related to an officer or employee of the Town of Oyster Bay – except: (if any, set forth details) \_\_\_\_\_.
6. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the applicant, or any officer, director or partner, member or employee of the applicant, or legally or beneficially owns or controls one ( 1 ) percent or more of the stock of the applicant, or is associated with the applicant in a joint venture, or is a party to an agreement with the applicant, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request - except (if any set forth details - see General Municipal Law Section 809) \_\_\_\_\_.
7. That in the event there is any change in the matters set forth herein prior to the issuance of a building permit or certificate of occupancy for the property affected hereby, deponent (s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
(signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Rev. 07/11/2017)



**Town of Oyster Bay**  
Department of Planning and Development  
Town Hall – 74 Audrey Avenue  
Oyster Bay, New York 11771  
(516) 624-6200  
FAX (516) 624-6240  
www.oysterbaytown.com

ELIZABETH L. MACCARONE  
COMMISSIONER

TIMOTHY R. ZIKE  
DEPUTY COMMISSIONER

**APPLICANT'S DISCLOSURE AFFIDAVIT**

PREMISES: \_\_\_\_\_

STATE OF NEW YORK )

ss.

COUNTY OF )

\_\_\_\_\_, being duly sworn, deposes and says:

1. That I am \_\_\_\_\_ (age), and reside at (address) \_\_\_\_\_.
2. That I am the (owner, lessee, etc.) \_\_\_\_\_ of property which is the subject Matter of this application and am familiar with all the facts and circumstances hereinafter set forth.
3. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.) \_\_\_\_\_.
4. That there are no encumbrances or holders of any instruments creating and encumbrance upon the subject property – except: (if any, set forth details) \_\_\_\_\_.
5. That neither deponent nor any other person mentioned in this affidavit is an officer or Employee, or is related to an officer or employee of the Town of Oyster Bay – except: (if any, set forth details) \_\_\_\_\_.
6. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the applicant, or any officer, director or partner, member or employee of the applicant, or legally or beneficially owns or controls one ( 1 ) percent or more of the stock of the applicant, or is associated with the applicant in a joint venture, or is a party to an agreement with the applicant, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request - except (if any set forth details - see General Municipal Law Section 809) \_\_\_\_\_.
7. That in the event there is any change in the matters set forth herein prior to the issuance of a building permit or certificate of occupancy for the property affected hereby, deponent (s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
(signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Rev. 07/11/2017)

PRIOR APPLICATION AFFIDAVIT

STATE OF NEW YORK }  
COUNTY OF NASSAU } SS.

\_\_\_\_\_, being duly sworn, deposes and says  
(Name of Applicant)

that he/she resides at \_\_\_\_\_  
(Street)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Village) (State) (Zip Code)

and that he/she is the \_\_\_\_\_ of the premises  
(Owner, Lessee, etc.)

located at \_\_\_\_\_

shown on the Nassau County Tax Map as SECTION \_\_\_\_\_  
BLOCK \_\_\_\_\_, LOT \_\_\_\_\_

I/We do hereby affirm that there are/were no prior applications affecting this property made to the  
Town Board of other agency having Jurisdiction except that:

(LIST ALL APPLICATION AND RESOLUTIONS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached hereto are copies of these Applications and/or Resolutions listed above.

Sworn to before me this \_\_\_\_\_ (Signature)

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_



## Nassau County Department of Assessment

240 Old Country Road, 4th Floor  
Mineola, New York 11501  
(516) 571-3670 Fax (516) 571-0481  
E-Mail: DOARadiusMap@nassaucountyny.gov

### Radius Map Request Form

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Municipality: \_\_\_\_\_  
(Town/Village/City receiving Radius Map)

**NOTE:** Municipality Requirement sheet **MUST** be included with this request form in order for the radius map to be prepared.

#### Radius Map Pricing:

|                                  |                                  |
|----------------------------------|----------------------------------|
| 100' Radius Map (\$100.00) _____ | 400' Radius Map (\$250.00) _____ |
| 200' Radius Map (\$150.00) _____ | 500' Radius Map (\$300.00) _____ |
| 300' Radius Map (\$200.00) _____ | Custom/Combo Map (TBD) _____     |

\*For a Double Radius Map, add \$50.00 to the higher Radius price. For a Triple Radius Map, add \$100.

Includes 10 copies of Radius Map with attached Owners List. Additional copies can be provided at \$5.00 per copy.  
Payment Due at the time of order. Radius maps must be ordered and picked up in person.

**NOTES:** \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Print Name of Applicant \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Radius Property Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_

#### FOR INTERNAL USE ONLY

Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 9/12/14

Radius maps are to be folded in half \* then in half again  
with all information on the outside.



Sample

TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771  
BOARD OF APPEALS  
APPLICATION 624-6230

THESE SPACES FOR OFFICIAL USE ONLY

|                 |             |                 |                 |          |
|-----------------|-------------|-----------------|-----------------|----------|
| APPLICATION NO. | RECEIPT NO. | DATE ADVERTISED | DATE OF MEETING | CASE NO. |
|-----------------|-------------|-----------------|-----------------|----------|

PLEASE TYPEWRITE OR PRINT ALL INFORMATION IN INK

|                                                         |                                      |                          |                                        |
|---------------------------------------------------------|--------------------------------------|--------------------------|----------------------------------------|
| APPELLANT'S NAME<br><b>John Public (Owner)</b>          |                                      |                          | DATE                                   |
| STREET ADDRESS<br><b>100 Avenue B</b>                   | POST OFFICE<br><b>Oyster Bay, NY</b> | ZIP CODE<br><b>11771</b> | TELEPHONE NO.<br><b>(516) 124-6810</b> |
| MAIL TO NOTICE<br><b>(Name of Person Doing Mailing)</b> |                                      |                          |                                        |
| STREET ADDRESS                                          | POST OFFICE                          | ZIP CODE                 | TELEPHONE NO.                          |

SUBJECT

A variance to erect an attached garage with less than the required side yard.

LOCATION OF PROPERTY

|                                                                                |                                                |
|--------------------------------------------------------------------------------|------------------------------------------------|
| SIDE OF AND NAME OF STREET<br><b>North side of Avenue B</b>                    | NO. OF FT. FROM Intersection<br><b>250 ft.</b> |
| DIRECTION FROM AND NAME OF NEAREST INTERSECTION<br><b>East of Sunny Street</b> | VILLAGE<br><b>Oyster Bay</b>                   |

|                      |                   |                   |                     |
|----------------------|-------------------|-------------------|---------------------|
| SECTION<br><b>27</b> | BLOCK<br><b>C</b> | LOTS<br><b>25</b> | ZONE<br><b>R1-7</b> |
|----------------------|-------------------|-------------------|---------------------|

REASON FOR APPEAL TO CHANGE PRESENT STATUS. ATTACH RIDER IF ADDITIONAL SPACE IS REQUIRED

AFFIDAVIT OF OWNERSHIP

5. COUNTY OF NASSAU )

ss:

STATE OF NEW YORK)

**John Public** being duly sworn, deposes and says that he resides  
at **100 Avenue B, Oyster Bay**  
STREET VILLAGE  
In the County of **Nassau** and State of **New York** that he is  
(the owner in fee)\* (the ) of the corporation

which is owner in fee\* of the premises described in this application shown on the Nassau County Tax Map as Section No. **27**

Block No. **C** Lot No. **25** that he has authorized

**Self** to make this application\* and that the statements of fact contained in this application are true.

**John Public**  
OWNER'S SIGNATURE

SWORN BEFORE ME THIS  
**8th** day of **October** 20 **15**

**Jane Doe #1234567**  
NOTARY PUBLIC

\*STRIKE OUT INAPPLICABLE WORDS

6. IS THE SUBJECT PROPERTY LOCATED WITHIN 500 FEET OF ANY STATE PARK OR PARKWAY? PURSUANT TO TOWN LAW 67.SUB 5.)

THESE SPACES FOR OFFICE USE ONLY

7. TYPE OF VARIANCE

REJECTED FOR ARTICLE

SECTION

FEE \$

|                                    |                     |                                         |
|------------------------------------|---------------------|-----------------------------------------|
| PREVIOUS BOARD OF APPEALS CASE NO. | TYPE OF APPLICATION | DATE REJECTED BY BUILDING DEPT. MANAGER |
|------------------------------------|---------------------|-----------------------------------------|



Town of Oyster Bay  
Department of Planning and Development  
Town Hall – 74 Audrey Avenue  
Oyster Bay, New York 11771  
(516) 624-6200  
FAX (516) 624-6240  
www.oysterbaytown.com

ELIZABETH L. MACCARONE  
COMMISSIONER

TIMOTHY R. ZIKE  
DEPUTY COMMISSIONER

**APPLICANT'S DISCLOSURE AFFIDAVIT**

PREMISES: \_\_\_\_\_

STATE OF NEW YORK )

ss.

COUNTY OF )

John Public being duly sworn, deposes and says:

1. That I am 21+ (age), and reside at (address) \_\_\_\_\_.
2. That I am the (owner, lessee, etc.) \_\_\_\_\_ of property which is the subject Matter of this application and am familiar with all the facts and circumstances hereinafter set forth.
3. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.) \_\_\_\_\_.
4. That there are no encumbrances or holders of any instruments creating and encumbrance upon the subject property – except: (if any, set forth details) \_\_\_\_\_.
5. That neither deponent nor any other person mentioned in this affidavit is an officer or Employee, or is related to an officer or employee of the Town of Oyster Bay – except: (if any, set forth details) \_\_\_\_\_.
6. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the applicant, or any officer, director or partner, member or employee of the applicant, or legally or beneficially owns or controls one ( 1 ) percent or more of the stock of the applicant, or is associated with the applicant in a joint venture, or is a party to an agreement with the applicant, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request - except (if any set forth details - see General Municipal Law Section 809) \_\_\_\_\_.
7. That in the event there is any change in the matters set forth herein prior to the issuance of a building permit or certificate of occupancy for the property affected hereby, deponent (s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
(signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

(Rev. 07/11/2017)

PRIOR APPLICATION AFFIDAVIT

STATE OF NEW YORK }  
COUNTY OF NASSAU } SS.

John Public, being duly sworn, deposes and says  
(Name of Applicant)

that he/she resides at 100 Avenue B  
(Street)

Oyster Bay New York 11771  
(Village) (State) (Zip Code)

and that he/she is the Owner of the premises  
(Owner, Lessee, etc.)

located at 100 Avenue B  
Oyster Bay, New York 11771

shown on the Nassau County Tax Map as SECTION 27  
BLOCK C, LOT 25

I/We do hereby affirm that there are/were no prior applications affecting this property made to the Town Board of other agency having Jurisdiction except that:

(LIST ALL APPLICATION AND RESOLUTIONS)

only or Resolutions  
List prior variances here and attach  
Copies of the Decision(s).

Attached hereto are copies of these Applications and/or Resolutions listed above.

Sworn to before me this

(Notary)

John Public  
(Signature)

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_



**Town of Oyster Bay**

TOWN HALL, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771-1592 - TELEPHONE: (516) 624-6232 - FAX: (516) 624-6149

**Zoning Board of Appeals**

ARLENE VAN LOAN, *Chairwoman* - SUSAN CLONINGER - LOIS SCHMITT - LEWIS J. YEVOLI  
RITA BYRNE - KATHLEEN MULLIGAN - ELISABETTA TREDICI, *Counsel*

**NOTICE TO OWNERS AND OCCUPANTS OF SURROUNDING PROPERTIES**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

yellow

PLEASE TAKE NOTICE that the Town of Oyster Bay Zoning Board of Appeals will hold a public hearing in the Town Hall (East Building) Meeting Room, Audrey Avenue, Oyster Bay, New York, at 7:00 P.M., to consider the following appeal:

-----  
-----  
This notice is sent to you in accordance with the rules of the Town of Oyster Bay Zoning Board of Appeals, which require the applicant to notify the owners and occupants of all properties located within a radius of 100 feet of the subject premises, with regard to the subject application.

Signed John Public Dated \_\_\_\_\_ 20\_\_\_\_\_  
(The date Certified cards mailed)

A COPY OF THIS NOTICE MUST BE MAILED BY THE APPLICANT OR HIS REPRESENTATIVE TO OWNERS & OCCUPANTS OF SURROUNDING PROPERTIES, AT LEAST TEN (10) DAYS IN ADVANCE OF THE SCHEDULED HEARING DATE. THE ORIGINAL (YELLOW) NOTICE MUST BE FILED WITH THE OFFICE OF THE ZONING BOARD OF APPEALS, BY THE APPLICANT OR HIS REPRESENTATIVE, AT LEAST TWO (2) DAYS IN ADVANCE OF THE SCHEDULED HEARING DATE.

**FILES ARE NOT AVAILABLE FOR REVIEW ON**  
**THE DAY OF THE SCHEDULED PUBLIC HEARING.**

15-17 days prior to hearing this letter (yellow) will be mailed to the person doing the mailing to neighbors.

Do not wait for all green Certified Cards to come back. Return any received with this letter and Mailing Affidavit to the ZBA office. Bring additional cards received to the hearing. Do Not Wait For Green Cards



## Nassau County Department of Assessment

240 Old Country Road, 4th Floor  
Mineola, New York 11501  
(516) 571-3670 Fax (516) 571-0481  
E-Mail: DOARadiusMap@nassaucountyny.gov

### Radius Map Request Form

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Municipality: \_\_\_\_\_  
(Town/Village/City receiving Radius Map)

**NOTE:** Municipality Requirement sheet **MUST** be included with this request form in order for the radius map to be prepared.

#### Radius Map Pricing:

|                                  |                                  |
|----------------------------------|----------------------------------|
| 100' Radius Map (\$100.00) _____ | 400' Radius Map (\$250.00) _____ |
| 200' Radius Map (\$150.00) _____ | 500' Radius Map (\$300.00) _____ |
| 300' Radius Map (\$200.00) _____ | Custom/Combo Map (TBD) _____     |

\*For a Double Radius Map, add \$50.00 to the higher Radius price. For a Triple Radius Map, add \$100.

Includes 10 copies of Radius Map with attached Owners List. Additional copies can be provided at \$5.00 per copy.

Payment Due at the time of order. Radius maps must be ordered and picked up in person.

**NOTES:** \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Print Name of Applicant \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Radius Property Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_

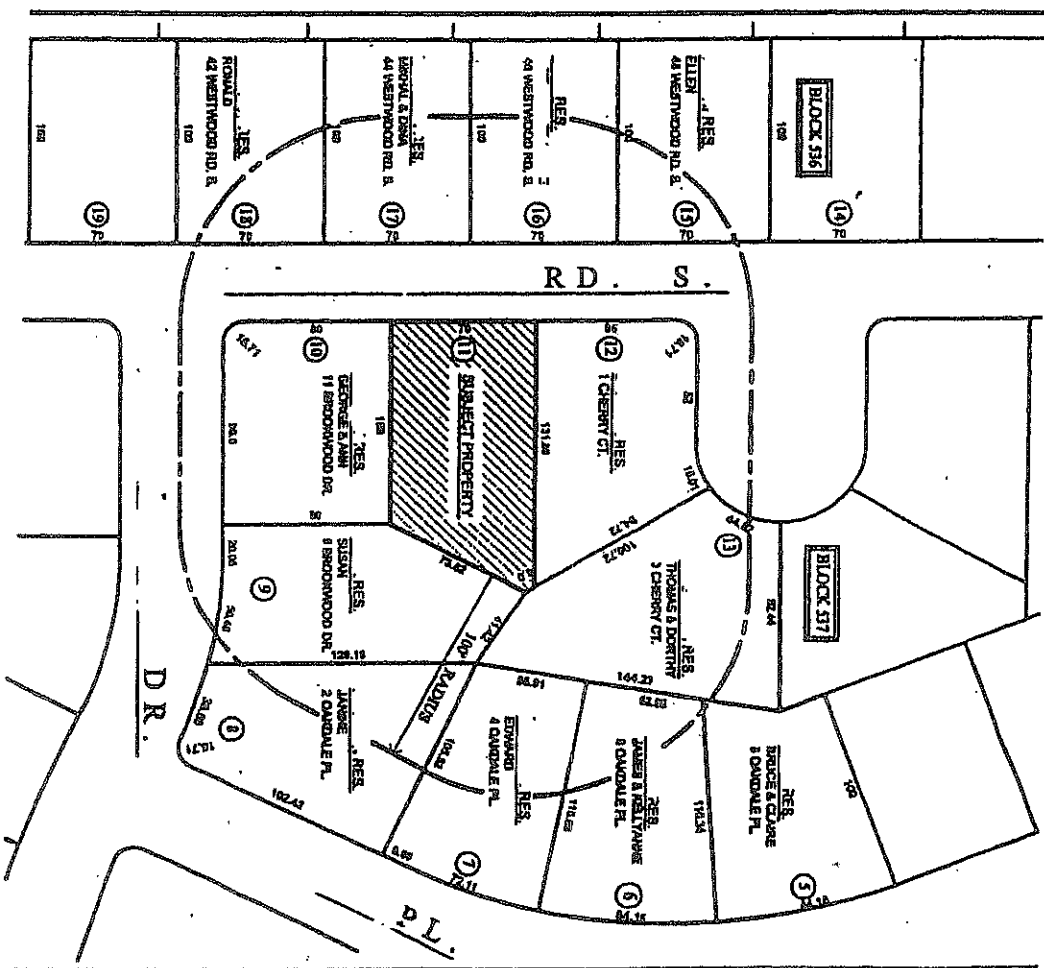
#### FOR INTERNAL USE ONLY

Amount: \_\_\_\_\_

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Revised 9/12/14



Sample  
Radius Map

DECLARATION OF RESTRICTIVE COVENANTS

THIS DECLARATION, made the \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_\_, by \_\_\_\_\_,

Who reside at \_\_\_\_\_ N.Y.,

As fee owner by deed dated \_\_\_\_\_ and recorded on \_\_\_\_\_

at Liber \_\_\_\_\_, page \_\_\_\_\_ hereinafter referred to as the

Declarant,

WITNESSETH:

WHEREAS, the premises (located in the Town of Oyster Bay, County of Nassau, State of New York) are known as and by Lots \_\_\_\_\_

in Block \_\_\_\_\_, Section \_\_\_\_\_ of the Land and Tax Map of the

County of Nassau, and are more particularly described as follows:

(METES AND BOUNDS DESCRIPTION)

WHEREAS, the Declarant herein has applied for the Board of Appeals of the Town of Oyster Bay, by Appeal No. \_\_\_\_\_, for permission to maintain a single-family residence with a second kitchen for a special family occupancy pursuant to Chapter 246, Table 5.2 of the Building Zone Ordinance of the Town of Oyster Bay, upon said premises, and

WHEREAS, a public hearing was held on said application on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and

WHEREAS, the Board of Appeals of the Town of Oyster Bay had indicated its willingness to grant said application subject to the terms of this Declaration, and

WHEREAS, the Declarant deems it advisable for the best interest of itself and the Town of Oyster Bay that certain covenants and restrictions be placed upon the real property with a view to conserving the value thereof, and the value of other properties in the vicinity thereof,

WHEREAS, the Declarant deems it advisable for the best interest of itself and the Town of Oyster Bay that certain covenants and restrictions be placed upon the real property with a view to conserving the value thereof, and the value of other properties in the vicinity thereof,

NOW, THEREFORE, in consideration of the premises, the Declarant declares as follows:

FIRST: That owner/occupant permit inspection of said premises by agent of the Town, provided 48 hours notice is given to owner/occupant prior to inspection, and a new Certificate of Occupancy must be applied for and received for a Parent-Child dwelling.

SECOND: That the one-family dwelling existing on the premises shall be used as a residence dwelling, with two kitchens, for a period of three (3) years from the date hereof, with occupancy, however, specifically limited to the following names persons; unless such period is extended or said Declaration amended as hereinafter provided.

|    | <u>NAME</u> | <u>RELATIONSHIP</u> | <u>AGE</u> | <u>ADDRESS</u> |
|----|-------------|---------------------|------------|----------------|
| a. |             |                     |            |                |
| b. |             |                     |            |                |
| c. |             |                     |            |                |
| d. |             |                     |            |                |
| e. |             |                     |            |                |

THIRD: That all the persons named in paragraph number SECOND hereof hereby join in the execution of this Declaration of Restrictions to signify their consent and agreement thereto.

FOURTH: That the second kitchen permitted by a decision of the Board of Appeals under Appeal No. \_\_\_\_\_ shall be removed within thirty (30) days following the termination of the three-year period aforesaid, unless the period of such use be extended for an additional three (3) year period upon proper application thereof and a decision of said Board of Appeals to extend for an additional period after a public hearing.

FIFTH: That upon the sale of said premises or change in ownership, or upon the occurrence of any change or termination of occupancy by any of the aforementioned persons, or any other occupancy, notice thereof shall be immediately given in writing to the Board of Appeals, Town of Oyster Bay.

SIXTH: That upon any sale of the premises, change in ownership, or change in the occupancy, the aforesaid second kitchen shall be removed within a period of thirty (30) days after order to do so issued by the Building Official of the Town of Oyster Bay or by the Board of Appeals of the Town of Oyster Bay, or other appropriate authority, unless an "Amended Declaration of Restrictive Covenants" shall be filed in accordance with a decision of said Board of Appeals after a public hearing.

SEVENTH: The above covenants and restrictions constitute covenants running with the land and shall be binding on the Declarant and all subsequent owners or successors in interest, as well as binding upon

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