Documents that MUST BE RETURNED to the Village Clerk at above address:

12 COPIES OF THE ENTIRE APPLICATION PACKAGE COLLATED INCLUDING ALL NECESSARY DOCUMENTS.

( ) Completed and signed original Appeal with all required supporting documents: including the names and tax lot numbers for the adjoining land owners within 100 feet of the property.

( ) Filing fees are payable by check in the amount of $1,500 payable to:
   Incorporated Village of Oyster Bay Cove

( ) A completed Environmental Assessment Form

( ) A copy of the Building Inspector’s denial letter (you must file within six months of the denial letter)

( ) An updated survey showing ALL existing structures and proposed construction location with relief requesting.

( ) A radius map or photocopy of the Nassau County Land Map showing all properties within 100 feet

( ) Copy of last Recorded Deed

( ) Copy of Recorded Convenants, Declarations, Restrictions affecting the premises

( ) Copy of Prior Variances

Note:
- The Board reserves the right of inspection
- Photographs of the involved area should be obtained
- Consent of adjoining neighbors should be obtained
- The acceptance of the aforementioned documents by the Village Clerk does not constitute an acknowledgement that the documents are in proper form/complete.
  That determination is made by the Village Attorney’s Office.

THIS APPLICATION MUST BE SUBMITTED WITHIN 6 MONTHS FROM YOUR DENIAL
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 WORDS 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).

   ______________________________________________________________

   **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.)**

   **Page 1 of 6**
7. State the zoning requirements, the proposed dimensions, and the differences for which the variance is required. (Example: The proposed building/addition will be only 35 feet rather than the required 50 feet from side line)

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

8. The granting of the requested variance will not be a detriment to the health, safety, and welfare of the neighborhood or community, and is in compliance with standards set forth in Section 7-712 of the Village Law of the State of New York, for the following reasons:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

9. State how the granting of this variance will benefit the owner and why it is necessary.

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

10. The section, block, lot, name(s), and mailing addresses of all property owners within 100 feet of the property of Appellants(s) are as follows: (please use an additional page if necessary)

<table>
<thead>
<tr>
<th>Sec., Blk., Lot</th>
<th>Name</th>
<th>Mailing Address (Street No.; PO Box; Zip)</th>
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11. 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 ____________________

------------------------------------------------------------------------------------------------------------

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 _______ , 200 , 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 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 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)
DISCLOURE 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 locate 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 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.

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

3. 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.)

4. 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.)

5. 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 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):

<table>
<thead>
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<th>Name and Address of Person (Please Print)</th>
<th>Signature</th>
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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 EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

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

Signature or Responsible Officer in Lead Agency

Signature or Preparer (If different from Responsible Officer)

Date
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.

________________________________

This ___ day of ______, 20___

(Notary Public)