



Village of Head of the Harbor
500 North Country Rd. St. James, New York 11780
Application for the Zoning Board of Appeals

Date: _____

To: Zoning Board of Appeals

I (We) _____
(name of Applicant)

Owner(s) of _____
(insert complete mailing address)

Home phone number _____ Office phone number _____ Cell phone _____

Bearing Suffolk County Tax Map Number 801 Sec. _____ Blk. _____ Lot _____

Apply for : (check one (1) or more)

- _____ An Area Variance
- _____ A Use Variance
- _____ An interpretation of the Zoning Ordinance
- _____ Other

The applicable provisions of the Zoning Ordinance from which variance relief is sought are:

Article _____ Section _____ Subsection _____

Article _____ Section _____ Subsection _____

Article _____ Section _____ Subsection _____

Article _____ Section _____ Subsection _____

Has a prior variance or special use permit or interpretation ever been applied for on this property?

_____ Yes _____ No If "Yes", on what date? _____

State in factual terms the exact manner in which applicant seeks relief from the Zoning Board of Appeals:

Specify whether a grant of the variance will produce an undesirable change in the neighborhood or community and if not explain:

Describe any feasible alternative method, if any, to achieve the benefit sought in lieu of the variance relief:

Is the variance substantial?

Describe in detail whether the variance has any adverse effect or impact on the physical or environmental conditions in the neighborhood:

State whether the alleged difficulty was self-created:

This application is submitted as follows (initial each, as applicable):

- 1. After denial of Building Permit application
- 2. In eight (8) copies, inclusive of the two (2) originals
- 3. Notarized properly.....
- 4. With eight (8) current, accurate surveys, by a New York State licensed survey.....
- 5. With a completed and executed Environmental Assessment Form (except setback variances)
- 6. With a copy of Certificate of Occupancy.....
- 7. With a certified abstract of single and separate ownership (for dimensional variances on undersized lots).....
- 8. With New York State department of Environmental Conservation determination or “no jurisdiction letter” (if within 300’ of tidal waters).....
- 9. With a written consent statement of the owner (if the application is by contract vendee or a tenant)
- 10. Applicant affirms that he/she will notify all properties within a two hundred (200’) foot radius by Certified Mail with a Return Receipt. Notices must be at least ten (10) days prior to scheduled hearing. Original receipts of the Certified Mailings must be submitted to Village Office with Affidavit of Service prior to the hearing.....
- 11. With the appropriate filing fee payable to “Village of Head-of-the-Harbor” (see Village Clerk).....

All data relating to the variance request must be submitted in 8 packets. Each packet must contain one copy of this request, and one copy of the above referenced material, and be bound and folded no larger than 8 ½” X 14”. The required application fee, see fees schedule, must be submitted with all of the above BEFORE a hearing date can be scheduled. Submissions may be made to the Office of The Village Clerk.

Applicant or representative must appear before the Zoning Board.

Any application not filled in properly, or submitted without the necessary papers, will not be processed until completed. The Zoning Board of Appeals reserves the right to request additional documentation and drawings, and to condition relief on the filing of covenants and restrictions with the Suffolk County Clerk.

(Applicant’s Signature)

Sworn to before me this _____ day
of _____, 20 ____

Notary Public

AUTHORIZATION AND CONSENT FOR INSPECTION OF PROPERTY

The undersigned, being the owner or agent of the property described in the within application, hereby authorizes the members of the Zoning Board of Appeals to enter upon the property described in the within application for the purpose of inspecting such property in connection with the relief requested in the within application, and the undersigned hereby consents to said entry for said purposes.

Date: _____

(print name of owner or agent)

(signature)

Village of Head of the Harbor
ZONING BOARD OF APPEALS

In the Matter of the Application of:

AFFIDAVIT OF MAILING

For a Variance from § _____

Of the Village of Head of the Harbor Zoning Code

Property Location: _____

SCTM# _____

STATE OF NEW YORK)

)ss:

COUNTY OF SUFFOLK)

I, _____, being duly sworn, deposes and says:

1. I reside at

2. Pursuant to the provisions of Section of the Village of Head of the Harbor Zoning Code, deponent mailed copies of the annexed Notice of Public Hearing by certified mail, return receipt requested, addressed as set forth on the annexed original postmark receipts.

3. Notices must be post marked at least ten (10) days prior to schedule hearing. Original receipts of the Certified Mailings must be submitted to Village Clerk's Office 10 days prior.

Signature of Deponent

Sworn to before me this

_____ day of _____, 20____.

Notary Public

