APPLICATION FOR VARIANCE, SPECIAL USE PERMIT AND/OR APPEAL

THE FOLLOWING ITEMS ARE REQUIRED:

Ten (10) COPIES EACH OF THE FOLLOWING:

1. APPLICATION FOR VARIANCE WITH ASSOCIATED FEES:

   THE APPLICATION MUST BE COMPLETE OR WILL NOT BE ACCEPTED
   Please make out separate checks!!!
   **FEES:**
   ONE FAMILY DWELLING $200
   TWO FAMILY DWELLING $500
   MULTIPLE DWELLING (3 OR MORE UNITS) $150.00 PER UNIT
   COMMERCIAL, INDUSTRIAL AND GOVERNMENT
   1ST 10,000 SQ FT $1200.00
   BZA FEE: $2,500
   BZA DEPOSIT $3,500

2. NOTICE OF DISAPPROVAL FROM THE SUPERINTENDENT OF BUILDINGS

3. AFFIDAVIT OF OWNERSHIP

4. CURRENT SURVEY OF EXISTING SITE / SIGNED AND SEALED

5. SITE PLAN SHOWING PROPOSED CONDITIONS - INDICATE SCALE

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

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

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

9. COMPLETE SHORT ENVIRONMENTAL ASSESSMENT FORM.

10. SOIL BORING TEST OR PROOF OF SOIL BORING TEST RESULTS
INSTRUCTIONS FOR VARIANCE, SPECIAL USE AND/OR APPEAL

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

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

**ZONING INFORMATION TO BE INCLUDED ON COVER SHEET:**

1. AREA OF LOT
2. AREA OF EXISTING BUILDING
3. AREA OF PROPOSED BUILDINGS AND/OR ADDITIONS
4. AREA OF ACCESSORY BUILDINGS AND/OR STRUCTURES
5. PERCENTAGE OF LOT COVERAGE
   FOR TWO FAMILY NO GREATER THAN 25%
   FOR ONE FAMILY NO GREATER THAN 28%
6. SET BACK REQUIREMENTS FOR THE FRONT, REAR AND SIDES
7. HEIGHT OF PROPOSED BUILDINGS ABOVE THE CROWN OF THE ROAD
8. INDICATE NUMBER OF PROPOSED PARKING SPACES
   3 REQUIRED FOR TWO FAMILY RESIDENCES
   2 MIN FOR ONE FAMILY RESIDENCE
9. SHOW PROPOSED DRY WELLS FOR ROOF AND DRIVEWAY RUN OFF
10. INDICATE EXISTING & PROPOSED SITE ELEVATIONS – 4 CORNERS, TOP CROWN OF
11. SHOW EXISTING TREES TO REMAIN
INSTRUCTIONS FOR VARIANCE, SPECIAL USE AND/OR APPEAL

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

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

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

We strongly suggest that you use the Village of Manorhaven’s Tax Records to develop the list of properties that fall with in the 200 hundred foot radius map, since we have found in the past that other sources may not be correct.

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

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

APPLICATION # __________________  FEE   __________________ DATE __________________
SECTION _______________ BLOCK _______________ LOT(S) __________________
CURRENT OCCUPANCY _______________ LOT SIZE __________ ZONE ______________
Property Location __________________________________________________________
LOT COVERAGE __________________________ FEET FRONT ________ FEET DEEP ______
RIGHT SIDE YARD________ LEFT SIDE YARD_______ HEIGHT ______
PRESENT USE ________________________________
PROPOSED USE ________________________________
DESCRIBE PROPOSED PROJECT
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
1. Name of Applicant  
Site Address  

Telephone  

2. Property Owner 
Address  

Telephone  

One of the following affidavits must be completed:
By signing below I attest that all statements and facts submitted in these documents are true

Affidavit to be completed by Owner Other than Corporation

STATE OF NEW YORK
COUNTY OF NASSAU:

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

Sworn to before me this _____ day of ________ 20____

____________________________ STAMP
Notary Public

Affidavit to be Completed by Corporation Owner

STATE OF NEW YORK
COUNTY OF NASSAU:

____________________________ Being duly sworn, deposes and says he resides at __________________________ in the County of ____________________ and State of ________

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

Sworn to before me this _____ day of ________ 20____

____________________________ STAMP
Notary Public
Affidavit to be completed by Agent of Owner

STATE OF NEW YORK
COUNTY OF NASSAU:

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

Sworn to before me this _____ day of __________ 20__

___________________________  ______________________________________

Notary Public  STAMP

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

Applicant:  ___________________________________________  Hearing Date: ______________________________

Address  __________________________________________________________  __________________________________________________________

Variance requested  __________________________________________________________  __________________________________________________________

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<th>Section</th>
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VARIANCE APPLICATION
AFFIDAVIT OF MAILING

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

________________________________, being duly sworn, deposes and says that I am the Owner
Agent for the owner (cross out wrong one) and on the _______day of ______________, 20___
I served a copy of the attached Notice to Owners of adjoining properties to owners of record
at the address indicated on the attached listing of Owners of Adjoining Properties. The said
list comprising all the owners of property within a (Two) hundred foot radius of the subject
property was sealed in a postpaid envelope and deposited at the Post Office.
The List of names compiled for the radius map was obtained from the following tax records:

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

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

__________________________________________
Signature

Sworn to before me this________day of_____________, 20___

__________________________________________
Notary
VILLAGE OF MANORHAVEN
33 Manorhaven Blvd.
Port Washington, New York 11050
(516) 883-7000

BZA NOTICE OF ZONING VARIANCE REQUEST
Mail copy to ALL PROPERTY OWNERS within 200-ft. radius of property
via Certified Mail – Return Receipt

To: ______________________________________
List Properties Owners Name

___________________________
List Properties Owners Address

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

at the premises situated at  Section ___________  Block _________  Lot(s) ________________

A Public Hearing will be held by the Board of Zoning Appeals Village of Manorhaven at the
Village Hall, 33 Manorhaven Boulevard, Port Washington, New York on ____________, the
_______________ day of ______________________ 20___, at ______:_______ PM.

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

Applicant Name: ________________________________________________________________

Signed_______________________________________  Date _________________________