

SPECIAL USE
BUILDING DEPARTMENT

1420 Jericho Turnpike, New Hyde Park, NY 11040

Phone 516-354-0022 • Fax 516-354-6004

www.vnhp.org

It is the obligation of all applications for a Public Hearing before the Board of Trustees to comply with the following requirements.

- Using the latest Assessment Roll of Nassau County, the applicant shall prepare a list of names and addresses of all landowners within a 100 foot radius of the affected property.
- The applicant shall send to each owner on said list by Certified Mail-Return Receipt Requested, not less than ten(10) days and no more than twenty (20) days before the date set for a public hearing, an accurate description of the purpose of the hearing, the address of the property, the time, date and location of the Public Hearing.
- The applicant shall submit to the Building Department, no later than five (5) days prior to the Public Hearing, an Affidavit of Mailing of such notices and Certified Mail receipts.
- The applicant shall complete the Disclosure Form
 - If commercial, the name and home address of the business owners.
 - If partnership, the name and home address of each partner.
 - If corporate, the name and home address of each officer and five largest shareholders of said corporation
- The applicant shall complete the front side **ONLY** OF THE Short Environmental Assessment Form.
- The three (3) page Public Hearing Application Form shall be completed and signed by the applicant and property owner. All questions on this form not applicable shall be left blank.

Village of New Hyde Park
Board of Trustees
Special Use Permit Application

File No. _____

Case No. _____

NOTICE: THIS APPLICATION SHALL BE WRITTEN IN INK AND FILED WITH TEN (10) COPIES OF APPLICATION AND PLANS. APPLICATION WILL NOT BE ACCEPTED UNLESS THE RECORD OWNER OF PROPERTY DESCRIBED EXECUTES AFFIDAVIT OF OWNERSHIP.

.....
Person who will appear for the applicant at the Public Hearing:

Name: _____ Address: _____

Phone #: _____ Fax #: _____ E-Mail: _____

.....
Applicant: _____ Applicant's Address: _____

Phone #: _____ Fax #: _____ E-Mail: _____

.....
Owner: _____ Owner's Address: _____

Phone #: _____ Fax #: _____ E-Mail: _____

.....
Street Address of Affected Premise: _____

- A. Application is hereby made for a Special Use Permit.
- B. Subject premises situated on the _____ side of _____
feet _____ of _____
Section _____ Block _____ Lot _____
- C. Located in zoning district designated as _____
- D. To permit the ERECTION-ALTERATION-CONVERSION-MAINTENANCE-EXTENSION-USE OF

- E. Attached hereto is a copy of decision by the Building Department Official issued on

- F. Question involved? _____

G. In connection with a PROPOSED-AN EXISTING- BUILDING USE _____
H. If existing building, give date of erection _____, file Certificate of Occupancy, if issued.

I. Class of Construction under Building Code _____

J. Size of lot _____, feet front _____, feet rear _____, feet deep _____
Size of existing Building _____, feet front _____, feet deep _____
Size of Building as proposed _____, feet front _____, feet deep _____
Size of building height _____, stories _____, feet _____

1. Use- present (or former, if unoccupied) _____
Proposed _____
2. What is the valuation of the plot in question _____, land _____, building _____, total _____
3. What is the assessed valuation of the plot changed _____
If change was made, explain in statement _____
4. Is there a petition pending before the Village Board to change the zoning district designations affecting this plot? _____

- K.
1. Give calendar number of any application filed on these premises _____
 2. How long has present owner held title to property? _____
 3. Is proposed site within 200 feet of any public school, public library, church, hospital or orphanage? _____
 4. Has any violation been issued affecting these premises? _____ If yes, file copy.
 5. Has court summons been served relative to this matter? _____
File Disposition _____

This statement is necessary in order for the clerk to accept the application:

I hereby submit the principal on which this application is based with description of existing conditions and proposed work.

ATTACHED HERETO AND MADE A PART OF THIS APPLICATION, SUBMIT THE FOLLOWING:

1. Consent of adjoining property owners affected by this application (see rule)
FORMS WILL BE FURNISHED BY THE CLERK
2. Building application with plans and plot plan, where a building or structure, or extension to building or structure is proposed.
3. Survey of existing premises.
4. Such other information as is requested.

I hereby depose and say that all the above statements and information and all statements contained in papers submitted herewith are true.

Sworn to before me this _____ day of _____ 20_____

Applicant's Signature

Notary Public

AFFIDAVIT OF OWNERSHIP

County of Nassau }
State of New York } SS:

_____ being duly sworn,

deposes and says that he/she resides at _____

in the County of _____ and the State of _____

that he/she is the sole owner in fee* _____ of _____

the corporation, which is owner in fee* of Section: _____ Block: _____ Lot: _____,

that he/she has authorized _____ to make foregoing

application* and that the statements of the fact contained in the foregoing application are true.

*Strike out inapplicable words

Owner's Signature

Sworn to before me this

_____ day of _____, 20_____

Notary Public

AFFIDAVIT OF MAILING NOTICE

County of Nassau }
State of New York } SS:

_____being duly sworn,

deposes and says: on the _____ day of _____, 20_____, I sent by Certified Mail (Return Receipt Requested) to each person on the list of the names and addresses filed with my application a true copy of the notice required by _____ of the code of New Hyde Park, a copy of which notice is hereto annexed, and the Return Receipts from all such persons are hereby attached and made a part of this Affidavit.

The persons named in said list and to whom I mailed said notice, are all of the owners of all lands within a radius of 100 feet of the property affected by my said application as shown on the latest completed assessment roll of County of Nassau and the addresses designated in said list are the post office addresses of said person.

Signature

Sworn to me before this

_____ day of _____, 20_____

Notary Public

NOTICE TO OWNERS OF ADJOINING PROPERTIES

TO: _____

PLEASE TAKE NOTICE that the undersigned has made application to the Board of Trustees of the Village of New Hyde Park for a Special Use Permit to permit the _____

On premises situated at _____ described on
the Nassau County Tax Map as Section _____ Block _____ Lot _____ Zone

A public hearing will be held by the Board of Trustees on this application at the Village Hall, 1420 Jericho Turnpike, New Hyde Park, NY 11040 on _____ at _____
_____. This notice is sent to you by

CERTIFIED MAIL, RETURN RECEIPT REQUESTED, under the provisions of the rules of the Board.

Signed: _____

Dated: _____

Project I.D. Number

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
FOR UNLISTED ACTIONS ONLY

PART I-PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. Applicant/Sponsor	2. Project Name
3. Project Location Municipality _____ County _____	
4. Precise Location (street address and road intersections, prominent landmarks, etc. or provide map)	
5. Is proposed action: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe briefly	
9. What is present land use in vicinity of project? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open space <input type="checkbox"/> Other	
10. Does action involve a permit approval or funding, now or ultimately from any other governmental agency (federal, state or local?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Does any aspect of the action have a currently valid permit or approval? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, list agency(s) and permit/approvals:	
12. As a result of proposed action, will existing permit/approval require modification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that the information provided above is true to the best of my knowledge Application/Sponsor Name: _____ Date: _____ Signature: _____	

If the action is in Coastal Area, and you are a State Agency, complete the Coastal Assessment form before proceeding with this assessment.

PART II

<p>1. Does action exceed any type I threshold in 6 NYCRR, Part 617-127? If yes, coordinate the review process and use the full EAF.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Will action receive coordinated review as provided for unlisted actions in 6 NYCRR, Part 617.67. If no, a negative declaration may be suspended by another involved agency.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Could action result in any adverse effects associated with the following: (answers may be handwritten, if legible)</p> <p style="margin-left: 20px;">a. 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:</p> <p style="margin-left: 20px;">b. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p style="margin-left: 20px;">c. Vegetation or fauna, fish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p style="margin-left: 20px;">d. 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.</p> <p style="margin-left: 20px;">e. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p style="margin-left: 20px;">f. Long term, short term, cumulative, or other effects not identified in (a-e)? Explain briefly:</p> <p style="margin-left: 20px;">g. Other impacts (including changes in use of either quantity or type of energy) Explain briefly:</p>
<p>4. Will the project have an impact on the environmental characteristics that caused the establishment of a critical environmental area (CEA)? (If yes, explain briefly) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Is there, or is there likely to be, controversy related to potential adverse environmental impacts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain briefly.</p>

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 material. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

<p><input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which may occur. Then proceed directly to the full EAF and/or prepare a positive declaration</p> <p><input type="checkbox"/> 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;</p>	
<p>_____</p> <p>Name of Lead Agency</p>	
<p>_____</p> <p>Print or type name of responsible officer in Lead Agency</p>	<p>_____</p> <p>Title of Responsible Officer</p>
<p>_____</p> <p>Signature of Responsible Officer in Lead Agency</p>	<p>_____</p> <p>Signature of Preparer (if different from Officer)</p>
<p>_____</p> <p>Date</p>	

SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NASSAU

IN THE MATTER OF THE APPLICATION OF

Affidvit of Certification by Applicant
Pursuant to the Provision of section 809
of the general Municipal Law

BEFORE THE NASSAU COUNTY PLANNING COMMISSION

_____ x

STATE OF NEW YORK }
COUNTY OF }ss.

_____ being duly sworn, deposes says:

That your deponent is 21 years of age or over;

That your deponent is an agent of _____

and who is (are) the owner(s) in fee (contract vendee) /lease) or describe another category

Of the premises referred to in the application, and is interested in the outcome thereof (except as otherwise stated), and there is (are) no other person(s) interested either in the fee ownership, or as holder of an encumbrance upon the property;

That your deponent's home address is _____

That your deponent is an officer _____
(indicate official title)

of _____, a corporate duly or organized and existing under and by virtue of the laws of the state of New York, with its principal place of business at

That the identities of all the officers, directors and shareholders of the corporation are as follows;

Officers:	<u>Names</u>	<u>Addresses</u>
	_____	_____
	_____	_____
	_____	_____

Directors: _____
