

Inc. Village of New Hyde Park Board of Zoning and Appeals

1420 Jericho Turnpike
New Hyde Park, NY 11040
Phone 516-354-0022 Fax 516-354-6004

Filing Requirements

The Following Documents are Required for all Appeals
Ten (10) Complete Sets:

- _____ Notice of Disapproval-by Village Building Department
- _____ Application for variance, conditional use permit or a request for determination
- _____ Disclosure Affidavit by applicant and owner
- _____ Environmental Assessment Form (SEQR)
- _____ Survey of premises
- _____ Easement of Affidavit
- _____ Site Plan, Floor Plans, Elevations & Architectural Drawing- (where premises lie within multiple zoning districts, show exact zoning district lines)
- _____ 300 foot radius map and list all property owners, as indicated on the most current Village Assessment Roll prepared for the Village Tax Levy
- _____ **One** notice by **Certified Mail Return Receipt** required to the property owners within the 300' radius
- _____ **One** Affidavit of Delivery/Mailing. The Return Receipt (green) cards are to be submitted to the secretary of the Zoning Board of Appeals no later than two (2) days before scheduled appearance

Filing Fees

Annual Registration	\$150.00	2 nd Kitchen, Golden Age, etc.- Special Exception Inspection
Annual Registration	\$250.00	Gasoline Stations, Auto Repair Shops- Special Use Inspection
App'l. and Hearing	\$300.00	Business/ Industrial + \$300.00 Deposit**
App'l. and Hearing	\$175.00	Residential + \$150.00 Deposit**
Copy of Zoning Code	\$15.00	Per Copy
Copy of Sign Code	\$5.00	Per Copy
Copy of Zoning Map	\$10.00	Per Copy
Re-Opening of a Case	\$175.00	Residential + \$150.00 Deposit
Re-Opening of a Case	\$300.00	Business/Industrial+ \$300.00 Deposit
Re-Notification Fee	\$100.00	Applicant Request for Postponement/ Adjournment

**Deposits are collected toward Court Reporting fees subject to increase or partial refund based on the number of pages of transcript on a case by case basis.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR FILING

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APPLICATION FOR VARIANCE-PAGE 1

Or Conditional Use Permit Pursuant to the Provisions of the Code of the
Village of New Hyde Park, and as Amended

Receipt No. _____ Date: _____ Appeal No. _____

The following documents are required for all Appeals

Ten (10) complete sets:

Application must be fully completed and will not be accepted unless Affidavit of Ownership is executed
by the record owner of property described.

By filing this application, the owner consents to allow the Board of Zoning and Appeals, or their
designated representative to enter upon and inspect the property described.

Requirements:

1. Building Plans and Plot Plan, where a building or structure or extension to build or structure is proposed-nine sets of plans for either residential or business property.
 2. Survey of existing premises- nine sets of plans for either residential or business property.
 3. Conditional or Special Use -100 foot radius map and nine copies with a list of property owners as indicated on the most current Village Assessment Roll prepared for the Village Tax Levy. **ONE NOTICE BY CERTIFIED RETURN RECEIPT** required to the property owners within 100 foot radius. **ONE AFFIDAVIT OF DELIVERY/MAILING.** The Return Receipt (green) cards are to be submitted to the Secretary of the Zoning Board of Appeals no later than two (2) days before scheduled appearance.
 4. Disclosure Affidavit(s)- Forms will be furnished by the Clerk.
 5. Such other information as may be required.
-

Applicant: _____ Phone No: _____

Cell No: _____ E-Mail: _____

Address: _____

Owner: _____ Phone No: _____

Cell No: _____ E-Mail: _____

Address: _____

Name and address of person who will appear for applicant at the Public Hearing:

Name: _____ Phone No: _____

Cell No: _____ E-Mail: _____

Address: _____

APPLICATION FOR VARIANCE- PAGE 2

ITEM "A"

Application is hereby made for a Conditional or Special Use under:

Article: _____ Section(s): _____

Application is hereby made for a Variance of:

Article: _____ Section(s): _____

Application is hereby made for a Permit under:

Article: _____ Section(s): _____

Appeal is hereby made for a determination under the Code of the Village of New Hyde Park,

Section: _____ under the authority vested in the Board of Zoning and

Appeals.

ITEM "B"

Subject premises situated on the _____ side of _____ Street
_____ feet _____ of (nearest intersection) _____

Street or House number _____ Section _____ Block _____ Lot(s) _____

ITEM "C"

Located in Zoning District designated as: _____

ITEM "D"

To permit the: (circle one) Erection/Alteration/Conversion/Maintenance/Extension/Use
of _____

ITEM "E"

Attached hereto is a copy of the decision by the Building Official issued on: _____

ITEM "F"

Question involved: _____

ITEM "G"

In connection with (circle one) a Proposed/an Existing-Building Use

ITEM "H"

Character of Construction: (circle one) Brick/Frame/Masonry/Other _____

Fireproof: Yes or No

ITEM "I"

Size of Lot _____ x _____ Feet Front _____ Feet Rear _____ Feet Deep _____

Total area of Lot (Square Footage) _____

Size of Existing Building: Feet Front _____ Feet Deep _____

Size of Building as Proposed: Feet Front _____ Feet Deep _____

Height of Building: Existing Stories _____ Feet _____

Proposed Stories: _____ Feet _____

ITEM "J"

1. Use. Present (or former, if unoccupied) _____
Proposed: _____
2. Is there a petition pending before the Village Board to change the Zoning District designations affecting this plot? Yes or No.

ITEM "K"

1. Give Appeal No.(s) of any previous application(s) filed on these premises: _____
2. How long has present owner held title to property? _____
3. Is the premises within 200 feet of any property used for a school, public library, church, hospital or orphanage? Yes or No
4. Has any violation been issued affecting these premises? Yes or No
5. Has Court Summons been served relative to this matter? Yes or No

APPLICATION FOR VARIANCE- PAGE 3

ITEM "L"

This statement is necessary for the Clerk to accept this application. I hereby submit the principle points on which this application is based with description of existing conditions and proposed work. In requesting a variance a statement concerning your practicable difficulty or hardship. Attach separate sheet if necessary.

APPLICANT STATEMENT

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

SWORN TO BEFORE ME THIS

_____ day of _____, 20____

Applicant's Signature

Notary Public

Date

**APPLICATION FOR VARIANCE-PAGE 4
AFFIDAVIT OF OWNERSHIP**

State of New York }
County of Nassau }SS:

Date _____

_____ being duly sworn, deposes and says that he resides at

In the County of _____ and State of _____

that he/she is (owner in fee)* (the _____ of _____ 20 _____ the corporation which is owner in fee)* of the premises described in this application to be presented before Village of New Hyde Park Zoning Board of Appeals shown on the Village Assessment Roll as Section _____

Block _____ Lot(s) _____ that he/she has authorized _____ to make this application* and that the statements of fact contained in this application are true.

Owner's Signature _____

Sworn to me this _____ day of _____ 20 _____

Notary Public, Nassau County, New York _____

***Strike out inapplicable words**

DISCLOSURE AFFIDAVIT

State of New York }
County of Nassau }SS

Date _____

_____ being duly sworn, deposes and says

1. That your deponent resides at _____ .
2. That your deponent is (one of) the (owners/contract vendees/lessees)* of the property which forms the subject matter of this application and is fully familiar with all of the facts and circumstances set forth.
3. That there are no encumbrances or holders of any instruments creating an encumbrance upon the subject property.
4. That neither deponent nor any person mentioned in this affidavit is a Village of New Hyde Park officer or employee, or is related to a Village officer or employee.
5. That no person interested in this property is an officer or employee of the Village of New Hyde Park, nor is related to any Village officer, or employee of the Village of New Hyde Park.
6. That in the event there is any change in the matters set forth herein prior to the granting of the (variance/conditional use permit)* for the property affected hereby, deponent will file with the Village of New Hyde Park a supplemental affidavit indicating the details of such change within 48 hours of such change.

Sworn to before me this _____ day of _____ 20 _____ Deponents Signature _____

Notary Public, Nassau County, New York _____

***Strike out inapplicable words**

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? (Choose as many as apply) <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

1. Does action exceed any type I threshold in 6 NYCRR, Part 617-4? If yes, coordinate the review process and use the full EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will action receive coordinated review as provided for unlisted actions in 6 NYCRR, Part 617.6. If no, a negative declaration may be suspended by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Could action result in any adverse effects associated with the following: (answers may be handwritten, if legible) 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: b. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: c. Vegetation or fauna, fish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: 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: e. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: f. Long term, short term, cumulative, or other effects not identified in (a-e)? Explain briefly: g. Other impacts (including changes in use of either quantity or type of energy) Explain briefly:
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
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.

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. If question 4 of part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<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	
<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;	

Name of Lead Agency	
_____	_____
Print or type name of responsible officer in Lead Agency	Title of Responsible Officer
_____	_____
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from Officer)

Date	

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Incorporated Village of New Hyde Park
_____ X

Application of:

EASEMENT AFFIDAVIT

_____ X

State of New York }
County of Nassau } SS:

_____, being duly sworn, deposes and says:

1. I am the record owner of the property known and designated on the Nassau County Land and Tax Map as: Section _____ Block _____ Lot(s) _____ (the property)
2. The property is not encumbered by the following easements:*

Signature

Sworn to me this _____ day of _____, 20____

Notary Public

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Incorporated Village of New Hyde Park
_____ x

Application of:

EASEMENT AFFIDAVIT

_____ x

State of New York }
County of Nassau }ss

_____, being duly sworn, deposes and says:

1. I am the record owner of the property known and designated on the Nassau County Land and Tax Map as: Section _____ Block _____ Lot(s) _____ (the property)
2. The property is encumbered by the following easements:*

Signature _____

Sworn to me this _____ day of _____, 20_____

Notary Public

**AFFIDAVIT OF DELIVERY
AFFIDAVIT OF MAILING**

State of New York } SS:
County of Nassau

_____, being duly sworn, deposes and says that on the _____ day of _____, 20____, (s)he served the Notice attached hereto upon the following persons at the address indicated. Owners of record of Affected Properties as shown Section_____Block_____Lot(s) _____by depositing same securely enclosed in a postpaid wrapper in the Post office regularly maintained by the United States Government at _____ in the County of Nassau:

That said notice was mailed by Certified Return Receipt Requested, which receipt is attached hereto and forms a part hereof.

Signature

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

Notary Public

NOTICE TO OWNERS OF AFFECTED PROPERTIES

To: _____

PLEASE TAKE NOTICE that the undersigned has made application to the Board of Zoning Appeals of the Village of new Hyde Park for a variance of Article _____ Section _____ of the Building Zone Ordinance to permit the _____

on premises situated at _____

described on the Nassau County Tax Map as Section _____ , Block _____ , Lot(s) _____.

A Public Hearing will be held by the Board of Zoning Appeals on this application at the Village Hall, New Hyde Park, New York, on _____, 20____ at _____ PM.

This notice is sent to you by Certified Mail with Return Receipt under the provisions of the rules of the Board.

Signed _____

Dated _____ of _____, 20_____

Section 195-39.B

Applicant shall send by Certified Return Receipt Requested to affected property owners 10 to 20 days before the date set for a hearing