



Incorporated Village of Poquott

45 Birchwood Avenue

Poquott, NY 11733

Telephone (631) 476-4043 • Fax (631) 331-0402 • Website: www.villageofpoquott.com

ZONING BOARD OF APPEALS REQUIREMENTS FOR FILING ZONING BOARD OF APPEALS APPLICATION

APPLICATIONS WILL NOT BE ACCEPTED FOR FILING WITHOUT A VALID TAX MAP NUMBER, A HOUSE NUMBER, AN UP-TO-DATE SURVEY, PROPERTY DEED, AND A CERTIFICATE OF OCCUPANCY.

ALL INCOMPLETE APPLICATIONS WILL BE RETURNED.

Information to be submitted with this application:

- 1. Zoning Board of Appeal Application – Signed by owner and notarized (if owner is not available affidavit may be submitted authorizing you to sign the form).
- 2. Building Department's written denial of building permit/certificate of occupancy.
- 3. Disclosure Affidavit (if applicable) – Affidavit needs to be signed and notarized.
- 4. Environmental Assessment Form.
- 5. Fee: \$250 per variance
 \$250 Deposit for stenographer (balance will need to be paid post hearing)
- 6. The Village may charge applicants all costs for engineering, legal, accounting, environmental and other professional services and such other expenses reasonable incurred by the Village for expenses as required may, at the Board of Zoning Appeals' discretion, result in suspension of the applicant's matter pending before the Board.
- 7. Original and nine (9) copies of the application.
- 8. One (1) certificate form (enclosed) notarized for applicant and one (1) for owner (only if owner is other than applicant). If a corporation or company appears on the certification form, list the names of the officers.
- 9. Ten (10) copies of the deed, lease, or contract, and or other information regarding ownership.
- 10. Ten (10) copies of a certified abstract of single and separate ownerships for variances regarding undersized lots.
- 11. New York State Department of Environmental Conservation permit or letter of non-jurisdiction if property is within three hundred feet (300') of tidal waters.
- 12. Ten (10) original up to date surveys (dated within six months) showing all buildings and structures that currently exist on the property, and wetlands.
- 13. If you are seeking a variance for height relief, please include a vertical cross-section of the structure showing areas exceeding the height requirements.
- 14. If the property has any improvements, ten (10) copies of the Certificate of Occupancy, Certificate of Compliance and copies of any open building permits for all on site structures will be required.

After this application is completed and filed....

- You will be supplied, by the Village, a list of names and addresses of all parties within a 200-foot radius of your property. A copy of the Variance Hearing Public Notice, provided by the Village, needs to be mailed out to each of those residences with proof of mailing. That cost is the responsibility of the applicants.



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APPLICATION TO THE POQUOTT VILLAGE BOARD OF ZONING APPEALS

Name of Applicant: _____ () Agent () Owner () Contract Vendee
Location of Property: _____ Phone: _____ Email: _____
Name of Owner (if different): _____
Mailing Address (if different): _____
S.C. Tax Map Number: _____ Property is Zoned: _____
Relating to Article: _____ Section: _____ of the Village Code.

(1) DESCRIBE structure of improvement requiring relief:

(2) Will the grant of the variance(s) cause an undesirable change in the character of the neighborhood or will it create a detriment to nearby properties? If not, please explain:

(3) Can the benefits sought be feasibly achieved by some method other than a variance? Please explain:

(4) Will the grant of the variance(s) have an adverse effect or impact on the physical or environmental conditions in the neighborhood or in the affected area of the Village? Please explain:

(5) What reasons lead you to the request of this variance rather than to comply with the Village Code?

(6) The variance involved relates to:

() AREA VARIANCE:

	<u>Required</u>	<u>Proposed</u>	<u>Variance</u>		<u>Required</u>	<u>Proposed</u>	<u>Variance</u>
() Rear Yard Setback	_____	_____	_____	() Bluff distance	_____	_____	_____
() Front Yard Setback	_____	_____	_____	() Maximum Height	_____	_____	_____
() Side yard Setback (Minimum)	_____	_____	_____	() Lot Coverage	_____	_____	_____
() Side Yard Setback (Minimum and Total)	_____	_____	_____	() Other	_____	_____	_____

() USE VARIANCE: _____

() OTHER: _____

(1) Is the property within 500 feet of the following:

- a. The boundary of any village or town? Yes _____ No _____ Specify _____
- b. Any existing or proposed County, State Road, or Highway or Parkland? Yes _____ No _____
- c. Long Island Sound, any bay or harbor or estuary of any of the foregoing bodies of water? Yes _____ No _____

(2) Does this application fall under a Type I or Unlisted Action, as defined by SEQRA, and therefore require the preparation of a Full Environmental Assessment Form (EAF), or a Short Environmental Assessment Form (EAF)? Yes _____ No _____

ATTACH

- 1. Building Inspector’s written denial of building permit/certificate of occupancy.
- 2. A survey and description of the premises, drawn to scale, showing existing and/or proposed building(s)/structure(s) with all distances to lot lines and dimensions clearly indicated and indicate names of adjoining property owners.

NOTE: Applications for Parking Variances must include a site plan showing all existing/proposed improvements and ingress/egress for parking areas (minimum of 9’ x 20’ per parking stall).

Owner’s Signature

Date

STATE OF NEW YORK)
)
COUNTY OF SUFFOLK)

ss:

_____, being duly sworn, deposes and says that he/she is the owner/applicant in the within actions; that he/she has read the foregoing applications and knows the contents thereof; that the same is true of his/her own knowledge, except as to the matters therein stated to be alleged on information and belief, and that as to those matters he/she believed it to be true.

(Signature of Applicant) _____

Sworn to before me this _____ day of _____ 20 _____.

(Notary Public Signature) _____

-----SEE ATTACHED-----
STATE ENVIRONMENTAL QUALITY REVIEW
**SHORT ENVIRONMENTAL ASSESSMENT
FORM**

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		