



INCORPORATED VILLAGE OF SAGAPONACK

PO Box 600, 20 Sagg Main Street

Sagaponack, NY 11962

631-537-0017

631-537-0612 (FAX)

ZONING BOARD OF APPEALS APPLICATION INSTRUCTIONS

To assist the Zoning Board of Appeals (ZBA) in reviewing and processing this application, it is necessary that certain information be provided to the ZBA. This information is found to be the minimum information necessary to deem the application complete and allow the application to be scheduled for a public hearing. At the time of the hearing, the ZBA reserves the right to request additional information as may be needed to make an informed decision. The following are the minimum submission requirements for the purpose of this application.

1. Eleven (11) copies of this application form including the certification, owner's authorization and authorization and consent for inspection of property.
2. Application fee in accordance with the Application Fee Schedule below.
3. Turn Down from the Building Inspector
4. If property has improvements, eleven (11) copies of every Certificate of Occupancy or Certificate of Compliance issued for this property and/or any open building permits for all site structures.
5. Eleven (11) copies of a New York State Department of Environmental Conservation permit or letter of non-jurisdiction if property is located within 300 feet of tidal waters.
6. Two (2) original and nine (9) copies of a survey prepared within one (1) year of the application date, showing all buildings and structures that currently exist on the property, wetlands, percentage of existing lot coverage and percentage of proposed lot coverage. The lot coverage must be calculated by your surveyor and must appear on the current survey. Survey must also show all proposed structures and additions.
7. Eleven (11) copies of a certified abstract of single and separate ownerships for variances regarding undersized lots.
8. If you are seeking a variance for height/pyramid relief, please include two (2) original vertical cross section sketches of the structure showing areas exceeding the Pyramid Law requirements. Please have a licensed architect calculate the amount of square footage penetrating the pyramid, as well as a volume (cubic feet) calculation. Plans (sketches) must be sealed, signed and dated by the licensed architect.
9. Eleven (11) copies of original recorded deed.

The applicant is instructed to review the Zoning Code of the Incorporated Village of Sagaponack and become familiar with the requirements contained therein. Among other requirements, the applicant is responsible for the notification to adjoining and neighboring property owners.

Upon completion of any application, it will be reviewed for completeness. If all the necessary information is provided, the application will be scheduled for a public hearing. If additional information is required, you will be so notified.

The Zoning Board of Appeals meets the 2nd Friday of each month at 4:00pm. To be scheduled for a public hearing, all ZBA applications must be submitted thirty (30) days prior to the hearing date. Thereafter, any new information required by the ZBA must be submitted to the ZBA fourteen (14) days prior to the hearing date. If the new information or a written request for adjournment is not received by the Zoning Board prior to the hearing date, the application will be denied without prejudice. The applicant or his/her representative must be present at the regular meeting or the case will not be heard.



ZONING BOARD OF APPEALS

Incorporated Village of Sagaponack
PO Box 600, 20 Sagg Main Street
Sagaponack, NY 11962
631-537-0017 631-537-0612 (FAX)

OFFICE USE ONLY

Application Number: _____

Date Filed: _____

ZONING BOARD OF APPEALS APPLICATION

SCTM# 908-_____ - _____ - _____

Date: _____

Street Address: _____

In the Matter of the Application of: _____

Agent for Application _____

Note: If this application is being made by someone other than the owner, the owner must sign the owner's authorization at the end of this form.

1. Name of Owner of Premises _____

Owner's Address _____

Owner's Telephone/Cell Number _____

2. Name of Agent (if applicable) _____

Agent's Address _____ Telephone Number _____

_____ Cell Number _____

3. Name of Attorney for Applicant _____

Attorney's Address _____

Attorney's Telephone Number _____

4. Please specify whom you wish correspondence to be mailed to from the above names listed:

- Applicant
- Owner
- Attorney

QUESTIONNAIRE

1.. An application is hereby made for:

- An appeal from the Building Inspector determination (245-77)
- An area variance
- Use Variance

2. The applicable provisions of the Zoning Code from which relief is sought are:

245- _____ 245- _____ 245- _____ 245- _____

3. Have any previous Variance applications or appeals been made with the respect to this property? If so, give date, name of each application and the nature of the variance requested. If possible, please provide a copy of the ZBA determination.

4. Is the property in separate ownership from all adjoining properties?

- Yes If yes, since what date? _____
- No If no, which adjoining property is held by the same owner? _____

APPEAL

1. This appeal is taken from the determination of the Building Inspector dated _____ concerning section(s) _____ of the Village Code. The contested determination is incorrect in that:

AREA VARIANCE

1. This application is requested for an area variance from the provisions of Section(s) 245- _____ of the Village Zoning Code. This variance is for: (state in factual terms each variance requested, exact amount of each variance in feet or square feet and whether variance is for existing or proposed structure)

2. Will the granting 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 on area variance? Please explain.

4. Will the variance sought be substantial and if not, why not?

5. Will the granting 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.

6. What reasons lead you to the request of this variance rather than to comply with the Village Code?

USE VARIANCE

1. What is the proposed use and how has the applicant met the four tests listed below to demonstrate unnecessary hardship:
 - a. Reasonable Return: under applicable Zoning regulations the applicant is deprived of all economic use or benefit from the property in question, which deprivation must be established by competent financial evidence.
 - b. Uniqueness: the alleged hardship relating to the property in question is unique, and does not apply to a substantial portion of the district or neighborhood.
 - c. Character: the requested use variance, if granted, will not alter the essential character of the neighborhood
 - d. Self-Created Hardship: that the alleged hardship has not been self-created

AUTHORIZATION AND CONSENT FOR INSPECTION OF PROPERTY

INSTRUCTIONS: This form must be completed, signed and attached to the application form.

The undersigned, being the _____ of the
(owner or agent)
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 of owner of agent)

VILLAGE OF SAGAPONACK
ZONING BOARD OF APPEALS

In the Matter of the Application of:

AFFIDAVIT OF MAILING

For a Variance from § _____
Of the Village of Sagaponack 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 245-76 G (4) of the Village of Sagaponack Zoning Code, deponent mailed copies of the annexed Notice of Public Hearing along with attached copies of the application and survey, by certified mail, return receipt requested, addressed as set forth on the annexed original postmark receipts.

Signature of Deponent

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

Notary Public

VILLAGE OF SAGAPONACK
ZONING BOARD OF APPEALS

In the Matter of the Application of:

AFFIDAVIT OF POSTING

For a Variance from § _____

Of the Village of Sagaponack 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. I am the agent for the applicant.

3. Pursuant to the provisions of Section 245-76 G (2) of the Village of Sagaponack Zoning Code, deponent did so cause to be posted a sign which complies with the requirements of the applicable section of the aforesaid Zoning Code which was supplied to me by the Village of Sagaponack to be prominently displayed on the subject property in the required manner, giving notice to the public of the pending application, the date, time and place of the public hearing. The said sign has been continuously displayed on the property for a period of ten (10) days immediately preceding the public hearing date.

4. I make this affidavit knowing that it shall be relied upon by the appropriate officials as proof of compliance with the requirements of the Village of Sagaponack Zoning Code.

Signature of Deponent

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

Notary Public

FEE SCHEDULE

<u>Zoning Board of Appeals</u>	
a. area variance and interpretations	\$600.00
b. use variances	\$800.00
c. any other variances	\$350.00
d. appeal from ARB to ZBA	\$500.00