



**INCORPORATED VILLAGE OF SAGAPONACK**

PO Box 600, 1375 Montauk Highway

Sagaponack, NY 11962

631-537-0017

631-537-0612 (FAX)

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**ZONING BOARD OF APPEALS APPLICATION INSTRUCTIONS**

**For**  
**COASTAL EROSION HAZARD AREA**

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. Letter of Determination from the Administrator of the Village's Coast Erosion Hazard Area (Chapter 42).
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. 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. Eleven (11) copies of original recorded deed.

The applicant is instructed to review the Coastal Erosion Hazard Area Code (Chapter 42) 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 2<sup>nd</sup> 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)

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**OFFICE USE ONLY**

Application Number: \_\_\_\_\_

Date Filed: \_\_\_\_\_

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**ZONING BOARD OF APPEALS APPLICATION  
For  
COASTAL EROSION HAZARD AREA CHAPTER 42**

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 pursuant to Village Code § 42-27 (C) is hereby made for the following relief:

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

- 42- \_\_\_\_\_  42- \_\_\_\_\_  42- \_\_\_\_\_  42- \_\_\_\_\_

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

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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 Administrator dated \_\_\_\_\_ concerning section(s) \_\_\_\_\_ of the Village Code.

**VARIANCE CRITERIA**

1. Please specify the standard, restriction or requirement to be varied and how the requested variance meets the criteria of § 42-22 of the Village Code:

A. All Development Other Than Erosion Protection Structures and Hazard – Area Floodproofing:

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B. Erosion Protection Structures

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C. Hazard-Area Floodproofing

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**CERTIFICATION**

STATE OF NEW  
COUNTY OF SUFFOLK

\_\_\_\_\_, being by me duly sworn, deposes and says:

1. I am interested in an application for a variance now pending before the Zoning Board of Appeals of the Village of Sagaponack.

2. I reside at \_\_\_\_\_

3. The nature of my interest in the aforesaid application is as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. If applicant or owner is a corporation, list officers:

President \_\_\_\_\_ Vice President \_\_\_\_\_

Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

5. Do any of the following individuals have an interest, as defined below, in the owner or applicant:

a. Any New York State or

b. Any officer or employee of the Village of Sagaponack, Southampton Town or Suffolk County.

For the purpose of this disclosure, an officer or employee shall be deemed to have an interest in the owner or applicant when he, his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:

a. Is the applicant or owner, or

b. Is an officer, director, partner, or employee of the applicant or owner, or

c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or

d. Is a party to an agreement with such an applicant or owner, express or implied, whereby he may receive any payment or other benefit, whether or not for services rendered dependent or contingent upon the favorable approval of such application.

( ) YES

( ) NO

If yes, state the name, address, nature and extent of the interest of such individual.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A person who knowingly and intentionally fails to make such disclosure shall be guilty of a misdemeanor as provided for in General Municipal Law, Section 809.**

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**Signature of Owner**

If owner is a Corporation, indicate name of corporation and officer's title

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Title of Officer



**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 § \_\_\_\_\_  
Property Location: \_\_\_\_\_  
SCTM# \_\_\_\_\_

STATE OF NEW YORK     )  
  )ss:  
COUNTY OF SUFFOLK    )

I, \_\_\_\_\_, being duly sworn, deposes and says:

1. I reside at \_\_\_\_\_

2. 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 § \_\_\_\_\_

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.     Deponent did so cause to be posted a sign which complies with the requirements of the applicable section

of the aforesaid 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 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
e. appeal from CEH Determination	\$600.00