



INCORPORATED VILLAGE OF MANORHAVEN

"THE PEARL OF MANHASSET BAY"

33 Manorhaven Boulevard
Port Washington, New York 11050
Phone: (516) 883-7000; Fax: (516) 439-5574
www.manorhaven.org

APPLICATION FOR VARIANCE, SPECIAL USE PERMIT AND/OR APPEAL

THE FOLLOWING ITEMS ARE REQUIRED:

Ten (10) COPIES EACH OF THE FOLLOWING:

1. APPLICATION FOR VARIANCE WITH ASSOCIATED FEES:

THE APPLICATION MUST BE COMPLETE OR WILL NOT BE ACCEPTED

Please make out separate checks!!!

FEES:	BZA FEE:	BZA DEPOSIT
ONE FAMILY DWELLING	\$200	\$2,500
TWO FAMILY DWELLING	\$500	\$3,500
MULTIPLE DWELLING (3 OR MORE UNITS)	\$150.00 PER UNIT	
COMMERCIAL, INDUSTRIAL AND GOVERNMENT 1 ST 10,000 SQ FT	\$1200.00	\$4,500

2. NOTICE OF DISAPPROVAL FROM THE SUPERINTENDENT OF BUILDINGS
3. AFFIDAVIT OF OWNERSHIP
4. CURRENT SURVEY OF EXISTING SITE.
5. SITE PLAN SHOWING PROPOSED CONDITIONS - INDICATE SCALE
6. RADIUS MAP SHOWING SUBJECT PROPERTY AND ALL PROPERTIES THAT FALL WITHIN ANY PORTION OF 200 FT FROM THE APPLICANT PARCEL.
7. SEND COPY OF "BZA NOTICE OF ZONING VARIANCE REQUEST" TO ALL PROPERTY OWNERS WITHIN A 200-FT. RADIUS – VIA CERTIFIED RETURN RECEIPT MAIL. YOU MUST RETURN ALL POST OFFICE RECEIPTS & GREEN POST CARDS TO THE VILLAGE OFFICE. ENCLOSE A COPY OF THE NOTICE WITH YOUR APPLICATION PACKET.
8. LIST THE NAMES AND ADDRESS OF ALL OWNERS OF ALL LANDS THAT FALL WITHIN 200 FT OF THE AFFECTED PROPERTY USE THE ATTACHED FORM.
9. COMPLETE SHORT ENVIRONMENTAL ASSESSMENT FORM.

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VILLAGE OF MANORHAVEN - BOARD OF ZONING APPEALS
33 MANORHAVEN BOULEVARD, PORT WASHINGTON, NY 11050 TELEPHONE (516) 883-7000

INSTRUCTIONS FOR VARIANCE, SPECIAL USE AND/OR APPEAL

**ALL DRAWINGS MUST BE PRESENTATION STYLE AND PRESENTED TO THE BZA CLERK WITH THE SIGNATURE AND SEAL OF A LICENSED ARCHITECT OR LICENSED ENGINEER.
DRAWINGS SUBMITTED WITHOUT A SEAL AND SIGNATURE WILL NOT BE ACCEPTED**

SUBMIT ZONING DATA, FLOOR PLANS, ELEVATIONS AND SECTIONS SCALE= ¼"= 1 FT

ZONING INFORMATION TO BE INCLUDED ON COVER SHEET:

1. AREA OF LOT
2. AREA OF EXISTING BUILDING
3. AREA OF PROPOSED BUILDINGS AND/OR ADDITIONS
4. AREA OF ACCESSORY BUILDINGS AND/OR STRUCTURES
5. PERCENTAGE OF LOT COVERAGE

FOR TWO FAMILY NO GREATER THAN 25%
FOR ONE FAMILY NO GREATER THAN 28%

6. SET BACK REQUIREMENTS FOR THE FRONT, REAR AND SIDES
7. HEIGHT OF PROPOSED BUILDINGS ABOVE THE CROWN OF THE ROAD
8. INDICATE NUMBER OF PROPOSED PARKING SPACES

3 REQUIRED FOR TWO FAMILY RESIDENCES
2 MIN FOR ONE FAMILY RESIDENCE
9. PROOF OF SOIL TEST BORING RESULTS (INDICATE SOIL TYPES & HIGH WATER ELEVATION)
10. SHOW PROPOSED DRY WELLS FOR ROOF AND DRIVEWAY RUN OFF
11. INDICATE EXISTING & PROPOSED SITE ELEVATIONS – 4 CORNERS, TOP CROWN OF
12. SHOW EXISTING TREES TO REMAIN



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BUILDING DEPARTMENT
33 Manorhaven Boulevard
Port Washington, New York 11050
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APPLICATION FOR VARIANCE, SPECIAL USE PERMIT AND/OR APPEAL

SUBMIT: Ten (10) stamped and sealed copies of drawings and application, including current survey, site plan with planting schedule, four Elevations with color representation of materials indicate floor elevations, include crown of road elevation in relation to grade. In addition submit floor plans and sections.

APPLICATION # _____ FEE _____ DATE _____

SECTION _____ BLOCK _____ LOT(S) _____

CURRENT OCCUPANCY _____ LOT SIZE _____ ZONE _____

Property Location _____

LOT COVERAGE _____ FEET FRONT _____ FEET DEEP _____

RIGHT SIDE YARD _____ LEFT SIDE YARD _____ HEIGHT _____

PRESENT USE _____

PROPOSED USE _____

DESCRIBE PROPOSED PROJECT: _____

1. Name of Applicant _____

Site Address _____

Telephone _____ Email: _____

2. Property Owner _____

Address _____

Telephone _____ Email: _____

One of the Following Affidavits Must be Completed

By signing below, I attest that all statements and facts submitted in these documents are true.

Affidavit to be completed by Owner other than Corporation
STATE OF NEW YORK
COUNTY OF NASSAU:

_____, being duly sworn, deposes and says he is the owner in fee of the listed property described in the foregoing application and that the statements contained herein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____, _____

Signed

Notary Public

Affidavit to be completed by Corporation Owner
STATE OF NEW YORK
COUNTY OF NASSAU:

_____, being duly sworn, deposes and says he resides at _____ in the County of _____ in the State of _____. That he is the _____ of

_____, the corporation which is owner in fee of the property described in the foregoing application, and that the statements contained therein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____, _____

Signed

Notary Public

Affidavit to be completed by Agent of Owner
STATE OF NEW YORK
COUNTY OF NASSAU:

_____, being duly sworn, deposes and says he is the agent named in the foregoing application, that he has been duly authorized by the owner in fee to make this application and that the foregoing statements contained therein are true to the best of his knowledge and belief.

Sworn to me this _____ day of _____, _____

Signed

Notary Public



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BZA NOTICE OF ZONING VARIANCE REQUEST

Mail copy to ALL PROPERTY OWNERS within 200-ft. radius of property via Certified Mail – Return Receipt

To: _____ (List Property Owners Name)

Address: _____ (List Property Owners Address)

PLEASE TAKE NOTICE that the undersigned has made an application to the Village of Manorhaven Board of Zoning Appeals and is requesting a Variance of the Zoning Code as described below:

At the premises situated at: Section _____ Block _____ Lot(s) _____

A Public Hearing will be held by the Board of Zoning Appeals Village of Manorhaven at the Village Hall, 33 Manorhaven Boulevard, Port Washington, New York in _____, the _____ day of 20____, at _____:_____ AM/PM..

This notice is sent to you by certified mail, under the provisions of the Board of Zoning Appeals of the Village of Manorhaven.

Applicant Name: _____

Signed: _____

Date: _____

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. PROPOSED ACTION IS: <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 Describe: _____	
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 If Yes, list agency(s) name and permit/approvals:	
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) name 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 Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. 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	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. 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: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. 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 materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D 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	Date
_____	_____
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 responsible officer)