



# INCORPORATED VILLAGE OF LINDENHURST

430 SO. WELLWOOD AVENUE - LINDENHURST, NEW YORK 11757

## ZONING BOARD OF APPEALS REQUIREMENTS FOR APPLICATION

Please bring the following papers and information when you submit your application to the Zoning Board of Appeals:

1. Application – completed, signed and notarized.
2. Full Disclosures Affidavit – completed, signed and notarized.
3. One (1) copy of the property survey – showing all structures existing on the property. The survey must show the dimensions of ALL existing and proposed structures.

**NOTE:** All items described in paragraph 3, must be clearly shown on the survey. The exterior dimensions of each item, the distances from front, rear and side property lines shall be accurately shown on the survey. There will be no exceptions to this requirement. Failure to provide this information may result in the dismissal of your application or may require a completely new survey.

4. Copy of the original Denial Letter received from the Building Department.
5. The Board requests the Questionnaire for Commercial and Business Applicants is filled out and must be submitted with all *applications outside single or two-family use*. Photos of the property are to show the layout of the land and property lines. **At least the Questionnaire and Eight (8) Photos must be submitted with the application for all commercial properties. The remaining documents due 2 days before the hearing.**
6. Please note that all applications outside single or two-family use are required to send certified Notice of Public Hearing Letters to properties within a 250' radius of premises. **The applicant must send the Notice of Public Hearing out by certified mail with return receipts requested. The mailing list and return receipts are due no later than 2 days before the hearing.**
7. **Filing Fees:**

a. Commercial, Business, Multiple Dwelling, and Industrial	\$500.00
b. Construction of a new one family dwelling	\$250.00
c. All other applications	\$100.00
8. Signs must be posted 10 days prior to the public hearing. Signs can be purchased at the Village Hall for **\$20.00**.
9. A Sign Posting Affidavit needs to be signed, notarized and submitted with photos of the legal notice signposted. These documents are **due 2 days before the hearing**.
10. An inspection of the property will be conducted by the Board members within the 10 days prior to the scheduled hearing date.
11. Anyone appearing as agent for application at the time of hearing must provide a completed owners endorsement.
12. **All documents that are required for your case are due in 2 days before the hearing.**



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## APPLICATION OF THE BOARD OF APPEALS

To be filed and submitted together with one plot drawing to scale and a detailed description and location of the property together with all existing and proposed buildings and distances of the same from the lot or street lines.

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Contact's Name: \_\_\_\_\_

Contact's Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### QUESTIONNAIRE

1. Has the building permit been refused by Building Inspector? \_\_\_\_\_

2. Location of property: \_\_\_\_\_

3. Is there a school or hospital within 200 feet of the premises in question? \_\_\_\_\_

4. Approximate cost of work involved by the order \$ \_\_\_\_\_

5. Under what section of Building Zone Ordinance is this application made? \_\_\_\_\_

6. The described property \_\_\_\_\_ within 500 feet of the following:  
(is /or is not)

Check one or more

\_\_\_\_ Town or village boundary line

\_\_\_\_ State or county road, parkway or expressway

\_\_\_\_ State or County Park or recreation area

\_\_\_\_ Stream or drainage channel owned by the county or for which the county has established channel lines

\_\_\_\_ State or county-owned parcel on which a public building is situated

\_\_\_\_ The Atlantic Ocean, Long Island Sound, any bay in Suffolk County or estuary of any of the foregoing bodies of water

7. Request/s:

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STATE OF NEW YORK):  
COUNTY OF SUFFOLK)

\_\_\_\_\_, being duly sworn, deposes and says that he/she  
is \_\_\_\_\_ of the property above described.

(Owner or Agent for the owner)

That all statements made in this application are true to the best of his/her knowledge and belief, except as to the matters therein stated, to be alleged on the information and belief and as to the matters he/she believes same to be true.

\_\_\_\_\_  
Signature

Sworn to before me this \_\_\_\_\_ day of  
\_\_\_\_\_, 2\_\_\_\_\_

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



(631) 957-7500  
FAX (631) 957-4605

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## FULL DISCLOSURE AFFIDAVIT

In the matter of the application of:

\_\_\_\_\_

\_\_\_\_\_

(Name & Address like on a letter)

Subject Premises:

\_\_\_\_\_

(Street address of property case is about)

To the Zoning Board of Appeals of  
the Inc. Village of Lindenhurst

State of New York)  
County of Suffolk)

The undersigned, being duly sworn, deposes and says:

That this affidavit is made in accordance with the requirements of Section 809 of the General Municipal Law of the State of New York with respect to the above-entitled application and the above-described premises.

That except as set forth on the schedule annexed hereto, and made part of this affidavit, your deponent certifies that:

1. Your deponent is the above-named applicant and resides at the above address.
2. No person other than your deponent has any interest whatsoever in the above-described property, direct or indirect, vested or contingent, regardless of whether such person has an interest as a contract vendor, contract vendee, lessor, sub-lessor, leasee, sub-lessee, contract lessee, holder of any beneficial interest, mortgagor, mortgagee, holder of any encumbrance or lien, guarantor, assignee, agent or broker, or otherwise and regardless of whether the interest arises as the result of advancing or lending funds in connection with the acquisition or development of the property and regardless of whether the interest may rise or be affected by the decision to be made by the municipal Board set forth above.
3. No person will receive any benefit as the result of their work, effort or services in connection with this application.
4. No person named in the schedule of exceptions as to paragraphs 2 and 3 has any interest as defined in paragraph 2 hereof in any properties within one mile of the property described in this application.
5. No person named in the schedule of exceptions as to paragraphs 2, 3 and 4 are officers or employees of the Incorporated Village of Lindenhurst.
6. No person named in the schedule of exceptions as to paragraphs 2, 3 and 4 are related to any officer or employee of the Incorporated Village of Lindenhurst.
7. No state officer or officer or employee of the Incorporated Village of Lindenhurst has any interest in the person, firm partnership, corporation or association making this application.

\_\_\_\_\_  
**DEPONENT**  
(SEE SCHEDULE ANNEXED HERE TO)

### NOTARY:

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

\_\_\_\_\_

# SCHEDULE OF EXCEPTIONS

Paragraph #1 Does the above-named applicant reside at the location? Circle one: Yes / No

If No, please fill: \_\_\_\_\_  
(Name and address)

Paragraph #2 Anyone else financially involved with the Subject Premises: \_\_\_\_\_  
(Name or No)

Paragraph #3 Circle one: Correct / Incorrect I will be paying: \_\_\_\_\_  
(Person hired to help with Case)

Paragraph #4 Circle one: Correct / Incorrect with-in one mile: \_\_\_\_\_  
(Name of Person)

Paragraph #5 Circle one: Correct / Incorrect V.O.L employs: \_\_\_\_\_  
(Name of Person)

Paragraph #6 Circle one: Correct / Incorrect someone is related to: \_\_\_\_\_  
(Name of Person)

Paragraph #7 Circle one: Correct / Incorrect as: \_\_\_\_\_  
(Name of Person)

has an interest in the person, firm partnership, corporation, or association making this application.

\_\_\_\_\_  
**DEPONENT**



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## Zoning Board of Appeals Questionnaire for Commercial & Business Applicants

**Date of Public Hearing:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Company Name:** \_\_\_\_\_ **SCTM# 103 -** \_\_\_\_\_ **Case #** \_\_\_\_\_

**Nature of the Company:** \_\_\_\_\_ **Total Number of Employees:** \_\_\_\_\_

**Hours of Operation:**                      Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday  
(Circle days open)

From: \_\_\_\_\_

To: \_\_\_\_\_

**Regular Delivery Times and Location:**

(Please write on the back if more deliveries are made regularly to your business)

On \_\_\_\_\_ at \_\_\_\_\_ a.m. /p.m. Deliveries are made by a \_\_\_\_\_  
(Days of the week)                      (Time of Day)                      (Vehicle Type)

That will be parked \_\_\_\_\_ during that time.  
(Location)

**Dumpster Pickup & Location:**

(Please write on the back if more space is needed to describe the dumpster pickups that are made regularly to your business.)

On \_\_\_\_\_ at \_\_\_\_\_ a.m. /p.m., there are \_\_\_\_\_ Dumpster(s) are picked up  
(Days of the week)                      (Time of Day)                      (# Of)

That will be parked \_\_\_\_\_ during that time.  
(Location)

**Parking Breakdown:**

(Please write on the back if more space is needed to describe the parking available for your business.)

At any given day I have \_\_\_\_\_ employees working and they are parking \_\_\_\_\_  
(# Of)                      (Location)

Customer parking will be available at \_\_\_\_\_  
(Location)

**Company Document Checklist:**

- Copy of Lease / Deed
- Property Owner's Endorsement (if there is no deed)
- Copy of the Mailing List of the Properties within the 250' Radius of the Premise
- Return Receipts from the Certified Mails (Hard Green Cards)
- 8 Exterior Photographs from corners of the property
- Interior Photographs (2 Photographs Per Room)
- Floor Plan
- Copy of Licenses required to operate the Business

\_\_\_\_\_  
(Signature)

**By signing this document, you attest that the information provided is accurate to the best of your knowledge.**