



# Zoning Board of Appeals

## Town of Islip

40 Nassau Avenue, Suite 1  
Islip, NY 11751  
(631) 224-5489

### **DOCUMENTS AND FORMS REQUIRED FOR SPECIAL EXCEPTION APPLICATION**

***THE BOARD OF APPEALS WILL NOT ACCEPT AN INCOMPLETE APPLICATION FOR FILING***

**ZBA Application** Signed by all title owners with each signature notarized.

**Letter of Zoning Denial** Please complete and submit a [Zoning Inquiry Form](#) to [ZoningDepartment@islipny.gov](mailto:ZoningDepartment@islipny.gov). The Zoning Division will respond with a written Letter of Denial, or follow up if more information is required.

**Survey** Less than one (1) year old, with eight (8) copies, drawn to scale, signed and sealed by a NYS licensed surveyor. Must show all existing site structures and improvements; include names of adjacent roadways; property line bearings and distances; tie distance to nearest street corner; lot area; tax lot information; dimension of existing structures; heights of perimeter improvements (fences, walls, etc.); distances from existing structures and perimeter improvements to property lines; pavement and parking stall striping; abutting road improvements (curbing, pavement, sidewalks, drainage structures, etc.) If actual conditions on the subject property are different from the survey provided, an updated survey, additional applications and/or approvals may be required. A site plan is not a substitute for a survey.

**Site Plan** Required only for business, commercial, and industrial properties. Less than one (1) year old, with eight (8) copies, to scale. All site plans must indicate the feature(s) of the application by clearly labeling and outlining the structures to be considered.

**Copy of Certificate of Occupancy or Compliance** On file at the Records Division of the Building Department, 1 Manittou Court, Islip. Request may be submitted online: <https://islipny.gov/foil>

**Disclosure Affidavit** Signed by all title owners with each signature notarized. If property is under contract of sale this form must be submitted by the owner and contract vendee. If held in trust, a copy of trust is required. Disclosure affidavit must be signed by trustee (or co-trustees) and all beneficiaries.

**Corporate Resolution** If applicant or contract vendee is a corporation, a corporate resolution authorizing the corporate officer to sign documents on behalf of the corporation is required.

**Recorded Photocopy of Deed** If applicant is contract vendee or tenant, executed contract of sale or lease is required.

**Radius Map** One custom map and one copy of same, prepared by the Division of Planning, [Map Request Form](#) or, prepared by a New York State licensed design professional. All maps must:

- a. show, by courses and distances, the subject property and all properties within 500 feet, depicting existing structures, zoning and use of each parcel, and
- b. contain the last name and mailing address of the owners(s) of record of all lots within the 500-foot radius.

**Filing Fee** Visit our website for current [Fees](#), and [Applications](#):  
<https://www.islipny.gov/departments/planning-and-development/zoning-board-of-appeals>  
Requirements are subject to change without notice.

#### **RULE ADOPTED BY THE TOWN OF ISLIP BOARD OF APPEALS. APRIL 21, 1981**

If a prior application was DENIED, a new application cannot be accepted by the Board of Appeals unless there is substantial change in such application and permission is granted by the Board after submission of letter setting forth any new evidence which might indicate such substantial change or unless directed by a court of competent jurisdiction.



**TOWN OF ISLIP ZONING BOARD OF APPEALS**  
**APPLICATION TO APPEAR BEFORE THE BOARD OF APPEALS**

**A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

**OFFICE USE ONLY**

**Application Information**

**TYPE OF APPLICATION:**

- Variance or Special Exception
- Appeal of the Building Inspectors Denial or Directive from other Town Agency

B/A #: \_\_\_\_\_  
 T.M. #: \_\_\_\_\_  
 Filed: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Public Hearing Date: \_\_\_\_\_  
 S.C. Notified: \_\_\_\_\_ F.I. Nat Sea: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_  
 Granted: \_\_\_\_\_  
 Expires: \_\_\_\_\_  
 Denied: \_\_\_\_\_  
 Dec. filed with Town Clerk: \_\_\_\_\_  
 Secretary: \_\_\_\_\_

**Owner(s) Information**

**Applicant/Representative Information**

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street No.      Street Name  
 \_\_\_\_\_  
 City/Town                                      State/Zip  
 \_\_\_\_\_  
 Telephone Number                      Email

\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Street No.      Street Name  
 \_\_\_\_\_  
 City/Town                                      State/Zip  
 \_\_\_\_\_  
 Telephone Number                      Email

**REQUEST BEING SOUGHT:**

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

**Surrounding Property Owner Information**

**ADDRESS OF OWNER DIRECTLY:**

North: \_\_\_\_\_  
 East: \_\_\_\_\_  
 South: \_\_\_\_\_  
 West: \_\_\_\_\_

Sworn before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
 Owner Signature                                      Date

\_\_\_\_\_  
 Additional Owner/Applicant Signature                                      Date

\_\_\_\_\_  
 Home Telephone Number                      Business Telephone Number

# Disclosure Affidavit

Application of: \_\_\_\_\_

Location of Property: \_\_\_\_\_ Tax Map No. 0500 \_\_\_\_\_

\* Cross out phrase where it is not appropriate

STATE OF NEW YORK)

:SS.:

COUNTY OF SUFFOLK)

That in connection with the above captioned application to the Zoning Board of Appeals I, \_\_\_\_\_ the \*(applicant herein), (an officer or agent of the corporate applicant, namely its \_\_\_\_\_), swear or affirm under the penalties of perjury, that no other person will have any direct or indirect interest in this application except \_\_\_\_\_

(in case of corporations, all officers of the corporations and stockholders owning more than 5% of the corporation stock must be listed. Attach separate sheet if necessary)

That \*(I am not) (none of the officers or stock holders are) related to any officer or employee of the Town of Islip, except \_\_\_\_\_

That there is not any state or local officer or employee, a member of a board of commissioners of local public authorities or other corporation within the county (exclusive of a volunteer fireman or civil defense volunteer) interested in such application, except \_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_

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

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