



Zoning Board of Appeals
Town of Islip
40 Nassau Avenue, Suite 1
Islip, NY 11751
(631) 224-5489

DOCUMENTS AND FORMS REQUIRED FOR SIGN APPLICATION

ZBA Application (Adjoining property owners' names and addresses are on file with the Town Assessor's Office at 40 Nassau Avenue, Islip)

Copy of the Tax Map On file at the Assessor's Office: 40 Nassau Avenue, Islip

Original Survey (required for residential) not older than two (2) years with eight (8) photocopies to scale. All photocopies of surveys provided must indicate the feature(s) of the application by clearly labeling and outlining the structures to be considered. Please draw all proposed structures to scale and in the correct location.

Site Plan (only required for business, commercial and industrial properties). Not older than two (2) years with eight (8) photocopies to scale. All photocopies of site plans provided must indicate the feature(s) of the application by clearly labeling and outlining the structures to be considered. Please draw all proposed structures to scale and in the correct location

Certificate of Occupancy or Compliance (on file at Records Department within the Building Division at 1 Maniton Court, Islip)

Disclosure Affidavit Must be signed by all title owners and each signature notarized. If property is under contract of sale this form must be submitted by the Owner and the Contract Vendee. If held in trust, we need to see a copy of trust to determine the Trustee. Disclosure Affidavit must be signed by trustee (or co-trustees) and all beneficiaries. If property owned by a corporation, affidavit must be signed by a corporate officer.

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

Sign Permit Application Sign Denial needs to be countersigned by a Sign Inspector and the applicant or representative before an application can be filed in the Zoning Board of Appeals

Recorded Photocopy of Deed Additionally, if the applicant is a contract vendee or tenant, we need a contract or lease to the subject property

Proposed Sign Five (5) sketches of the proposed sign, showing construction and dimensions.

Consent Letter from Owner Reasons in listing reasons in support of the application

Filing Fee\$ 500 (Cash or Check) Checks are payable to the "Town of Islip"

THE BOARD OF APPEALS WILL NOT ACCEPT AN APPLICATION FOR FILING UNLESS THE APPLICATION IS COMPLETE

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 (Revised 3/18/11)



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

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

Application Information

TYPE OF APPLICATION:

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

OFFICE USE ONLY

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

Name

Street No. Street Name

City/Town State/Zip

Telephone Number Email

Applicant/Representative Information

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 to me before 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/we, _____ 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 this _____ day of _____, 20 _____

Notary Public

Sample Corporate Resolution

RESOLUTION of XYZ CORPORATION

A meeting of the officers and directors of the corporation was held on (date). The meeting was duly called to order by the president who stated the object of the meeting. The following officers of the corporation were present

President	(Name)
Vice President	(Name)
Secretary Treasurer	(Name)

The foregoing being the sole officers and directors of the corporation.

On motion, duly made, seconded and unanimously carried, the following resolution was adopted:

That (name), (officer), is authorized to sign such documents as may be required on behalf of the corporation, and make such zoning applications as may be required to the Town of Islip Zoning Board of Appeals and Department of Planning and Development and any other agency or Board In the course of Business of the corporation.

Dated: (City, State)
(Date)

(Name) (Officer)

The undersigned (officer) of the corporation hereby certifies the above Resolution:

(Name) (Officer)

Corporate Seal

Sworn to me this
____day of , 20____

Notary Public



SIGN PERMIT

Town of Islip Building Division
One Manittion Court, Islip, NY 11751
Phone: (631) 224-5466 Fax: (631) 224-5465
www.islipny.gov

COMPLETE THIS APPLICATION IN ITS ENTIRETY AND SUBMIT TO THE PERMITS DEPARTMENT ALONG WITH ALL REQUIRED DOCUMENTATION LISTED BELOW.

PERMIT IS GOOD FOR 1 YEAR, WITH UP TO 3 CONSECUTIVE RENEWALS PERMITTED.

The final fee will be determined by the Permits Department.

Visit islipny.gov/departments/planning-and-development/building-division-permits-section for the current Fee Schedule.

OFFICE USE ONLY

PLACE STICKER HERE

Filing Date: _____ By: _____

Issued Date: _____ Expiration: _____

Use of Building: _____ Zone: _____

Total SF of Sign: _____ SF Fee: \$ _____

Filing Fee Receipt No.: _____

SF Fee Receipt No.: _____

PROPERTY INFORMATION:

Suffolk County Tax Map Number: 0500 - _____ - _____ - _____ Zoning District: _____

Address for Proposed Sign: _____

Property Owner:

Full Name _____ Email _____ Phone _____

Owner Address:

No / Street _____ City _____ State _____ Zip _____

Applicant:

Full Name _____ Email _____ Phone _____

Applicant Address:

No / Street _____ City _____ State _____ Zip _____

Sign Erector:

Full Name _____ Email _____ Phone _____

Business Address:

No / Street _____ City _____ State _____ Zip _____

PROPOSED SIGN INFORMATION:

Sign Wording: _____

Sign Classification: _____

Business / Directional / Directory / Gas Price / Institutional / Industrial / Home Occupation / Place / Office / Marquee / Corporate Awning

Sign Type: ☐ Ground Sign ☐ Facial Sign ☐ Canvas Sign ☐ Retail Fuel Canopy Sign

PROPOSED SIGN SPECIFICATIONS:

Sign Dimensions: _____ ft. (height) x _____ ft. (length) = _____ sq. ft. (Max permitted: _____ sq. ft.)

See §68-399 for bonus sign area criteria.

Height from grade to the top of sign: _____ ft. (Max permitted: _____ ft.)

Location of sign (Side of building if facial; Street frontage if ground): _____

Facial Signs only: (a) Width of building front: _____ ft. (b) Projection from building: _____ ft.

Ground Signs only: (a) Length of property street frontage: _____ ft.

Ground signs located within site triangles must comply with §68-404 and §68-405.

(b) Sign setback from street property line: _____ ft. (c) Sign thickness: _____ in.

Is the sign Illuminated? ☐ Yes ☐ No; **If yes, is sign:** ☐ Internally-Lit ☐ Externally-Lit ☐ EMC* (Electronic Message Center)

Illumination may occur only between sundown and 10 pm or close of business, and shall be of an even intensity and use below 15 watts per sq. ft.
Electrical Inspection and Electrical Certificate required after installation.

***EMC SIGN REQUIREMENTS (for the lifetime of the sign):**

- Message hold time shall be a minimum of 45 seconds.
- Messages shall be static, with no dynamic or “animated” features, aside from their transition.
- Transitions between messages shall last less than 1 second, and shall be “dissolve” type or instantaneous “slideshow” type transitions.
- The night time brightness shall be less than .3 foot-candles above ambient brightness levels at a distance of 60 feet away, ensured through the provision of auto-dimming photocell technology in the construction of the sign.

PERMIT REQUIREMENTS — DUE WITH APPLICATION SUBMISSION:

1. Certificate of Occupancy.
 2. Two (2) 8.5” x 11” color copies of the proposed sign and storefront elevations, if applicable, including dimensions, area, overall height, width of building and setbacks.
 3. Site plan/Survey indicating the location of the proposed sign, setbacks, and any existing signs that will remain.
 4. Insurance Certificates:
 - NYS Workers Compensation Insurance* – NYS Form C-105.2, NYS GSI-105.2 (2/02), NYS Form U-26.3, or if exempt, NYS Form CE-200.
 - NYS Disability Insurance* – NYS Form DB-120.1, NYS Form DB-155, or if exempt, NYS Form CE-200.*ACORD Forms are not acceptable proof of NYS Worker’s Compensation or Disability benefits insurance coverage.
 5. Covenants/Conditions on the property, if applicable (Change of Zone, Planning Board, Zoning Board); List all Application Numbers: _____
 6. Electronic Message Center (EMC) affidavit, if applicable.
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Installation cannot occur until the Sign Permit is issued. After installation, a final inspection is required and electrical certificate submitted, if applicable, before the sign may be added to the certificate of occupancy.

Please be advised that by submitting the within application to the Town of Islip for the requested purpose, you, as the applicant, acknowledge and agree that a modification or addition may be made to your certificate of occupancy/compliance. No further notice of any resultant modification or addition shall be required.

I attest that the information on this application is true and correct to the best of my knowledge in accordance with Zoning Chapter 68—Article XXIX, any Property Covenants or Conditions which would affect the design or installation of this sign, and that the proposed work is authorized by the owner.

PROPERTY OWNER:

Print

Signature

SWORN TO ME ON THIS

_____ DAY OF _____ 20 _____

Notary Public

APPLICANT:

Print

Signature

SWORN TO ME ON THIS

_____ DAY OF _____ 20 _____

Notary Public