

Zoning Board of Appeals

Town of Islip

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

DOCUMENTS AND FORMS REQUIRED FOR ACCESSORY APARTMENT 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. 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.

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

Affidavit of Residency Required to be signed and notarized.

Affidavit of Inspection & Compliance Required to be signed and notarized.

Floor Plan Showing layout, dimensions, fixed structures (doors, plumbing, large appliances) and location of all entrances of principal dwelling and accessory apartment. May be hand-drawn.

Driveway Review Completed by Engineering Division prior to submission of application

Photographs of Site Indicating all four sides of the house, parking area, garage and interior of proposed apartment.

Tax Bill Copy of current bill for subject property

NY State Driver's License of all Title owners

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.

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

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.

(Revised 04/29/2024)



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 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)

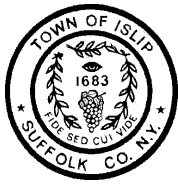
That *(I am not) (none of the officers or stock holders are) related to any officer or employee of the
Town of Islip, except _____

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



**Zoning Board of
Appeals Town of Islip**

40 Nassau Avenue, Suite 1
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Affidavit of Residency

I, _____ being duly sworn proposes and say that I reside
at _____ and that I have resided there continuously since

(Date)

This Affidavit of Residency is submitted to the Town of Islip knowing it will be relied upon for the purpose of
hearing an accessory apartment application for an apartment in my residence.

This is my primary residence, where I reside for at least nine (9) months of the year.

Signature _____

Date _____

Telephone _____

Email _____

Sworn before me on this _____ day of _____, 20____

Notary Public

AFFIDAVIT OF COMPLIANCE AND INSPECTION

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

I, _____, being
duly sworn, deposes and says that I reside at _____,
the town of Islip, in the County of Suffolk, and the State of New York, and that I am the owner in fee of the premises
described in the foregoing petition and that I have read the foregoing application and know the contents thereof:
that the same is true to their knowledge; and that I make the foregoing petition for special exception for
temporary Accessory Apartment and further that I will obtain a building permit and a change of use permit within
ninety (90) days after approval by the Board of Appeals.

Furthermore, I will comply with all New York State Building Code Requirements and Town of Islip
Requirements pertaining to Temporary Special Permits for Accessory Apartments and will I obtain Certificate of
Compliance within one-hundred eighty (180) days of the granting of the permit or the permit will become null and
void.

I further consent to periodic inspections of the subject premises during reasonable hours so that it may
be determined that the premises remain in substantial compliance with the representations set forth in the
application herein, and which were relied upon by the Town of Islip in granting the temporary Accessory
Apartment permit.

I further agree that consent shall be binding upon my agents, heirs, executors, administrators, assigns and
successors in interest and that any tenancies that I may grant shall be subject to such inspection, and that the
number of tenants in said apartment shall not exceed one person per one hundred square feet.

I understand that pursuant to Section 68-615 (B) of the Town Code, the accessory apartment use and permit shall
terminate upon the death of the applicant or the survivor of the applicant, upon the transfer of title to said
premises, upon the applicant no longer occupying the premises as their principal residence or upon conviction for
violation of this section.

I further agree that if upon a revocation of the Accessory Apartment Permit, that an inspection by an
official of the Town of Islip determines that compliance with the Accessory Apartment Ordinance by means of its
removal has not occurred, that owner will be given notice in writing to remove said apartment within sixty days,
and that the applicant consents and understands, that at the expiration of said sixty days, that the Town reserves
the right to assign a qualified contractor to remove the apartment, and that the cost of this work shall be added
to the tax roll of this property as a special assessment.

Signature: _____

Date: _____

Sworn before me on this _____ day of _____, 20____

Notary Public

RECEIVED STAMP

SCTM# _____-_____-_____-_____

ACCESSORY APARTMENT DRIVEWAY REVIEW

Provide this form and a copy of your recent survey to the Engineering Division for review and determination of existing driveway, pursuant to Section 68-612 of the Accessory Apartment Ordinance.

NAME: _____

PROPERTY ADDRESS: _____

TELEPHONE: _____

EMAIL: _____

BELOW IS FOR OFFICE USE ONLY

_____ Driveway complies

_____ Driveway is legal nonconforming (predates current code)

_____ Driveway can be modified to comply (see attached)

_____ Driveway denied for the following reason(s):

_____ Driveway cannot be modified to comply

_____ Driveway has excessive width

_____ More than one driveway exists