



Town of Babylon Zoning Board of Appeals

200 East Sunrise Highway, Lindenhurst, NY 11757-2598

Phone (631) 957-3011 Fax (631) 957-4254

APPLICATION TO THE ZONING BOARD OF APPEALS

FOR OFFICE USE ONLY

ZBA Number _____ Date/Time received _____

Type of Application:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Multiple Residence | <input type="checkbox"/> Public Garage |
| <input type="checkbox"/> Business | <input type="checkbox"/> Sr. Citizen MR | <input type="checkbox"/> Sign Permit |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Variance(s) | <input type="checkbox"/> Special Exception Use |
| | | <input type="checkbox"/> Subdivision – number of plots _____ |

1. Property Address: _____
 Suffolk Co. Tax Map #0100- _____
 Zone: _____ PTS Appl. Number: _____

2. Applicant's Name: _____
 Address: _____
 Phone Number: _____ Fax Number: _____

3. Property Owner's Name: _____
 Address: _____
 Phone Number: _____ Fax Number: _____

4. Contact Person's Name (for correspondence): _____
 Address: _____
 Phone Number: _____ Fax Number: _____

5. Complete statement of relief, variance and/or special exception use requested:

6. A summary statement of the practical difficulty or unnecessary hardship created or existing because of the existing zoning regulations as applied to the subject premises is as follows:

7. Has a variance or special exception use ever been applied for on this property?

Yes No

If yes, indicate the Zoning Board of Appeals number, date of decision and attach copies of all decisions

8. Has application ever been made to any of the following boards?

Town Board Yes No

Planning Board Yes No

Accessory Apartment Review Board Yes No

If yes, explain the nature of the application and the disposition thereof and attach copies of all decisions if available

9. Name of the School District and address of the Administrative office which the subject property is located within:

10. Is the subject property located within 500' of any of the following?
(if applicable, check one or more)

[a] Town or Village boundary line (if yes, indicate which Town or Village: _____)

[b] State parkway, road, park or other recreational facility (existing or proposed)

[c] County road or right-of-way

[d] Stream or drainage channel owned by the County or for which the County has established channel lines

[e] State or County owned parcel on which a public building is situated

[f] Federal owned property

[g] The Atlantic Ocean, any bay in Suffolk County or estuary of any of the foregoing bodies of water

11. Is property within one mile of Republic Airport? Yes No

Sworn to before me this

_____ day of _____ 200__

Notary Public

Owner/Applicant's Signature



FULL DISCLOSURE AFFIDAVIT

In the matter of the Application of:

Address:

to the Town of Babylon Zoning Board of Appeals

State of _____

County of _____

_____, being duly sworn, deposes and says:

1. This Affidavit is made by your deponent and intended to be filed with the above Board of the Town of Babylon to fulfill requirements of the appropriate sections of the Babylon Town Code with respect to the above-entitled application made or intended to be made affecting property located and described as follows:

2. Name and address of the person making and signing this Affidavit:

3. If the person making this Affidavit is not the applicant, state relationship to the applicant:

4. List the names and addresses of ALL persons who have any interest whatsoever in the project and properties described in this application, direct or indirect, vested or contingent. This includes but is not limited to owner, partner, contract vendor, contract vendee, lessor, sub-lessor, contract lessor, lessee, sub-lessee, contract lessee, mortgagor, mortgagee, holder or contract holder of any beneficial interest, holder or contract holder of any encumbrance or lien, guarantor, assignee, agent, or broker. List such person(s) even if the interest arises as the result of providing funds for acquiring or developing the property, and whether or not the interest arises from or is affected by the decision of these municipal Board(s). Please state if any of these are, or are related to, officers or employees of the Town of Babylon and state the nature of relationship and extent of interest. If any of the above is a corporation, list all principals of said corporation.

5. List the names and addresses of ALL persons who will receive any benefit of any kind as a result of their work, effort or services in connections with this application. Please state the nature of relationship and extent of interest, and note if any of those mentioned are officers or employees of the Town of Babylon.

The undersigned affirms the truth and completeness of the above under penalty of perjury.

Sworn to before me this _____ day of _____ 200__

Notary Public

Owner/Applicant's Signature



TOBEQRA - SHORT ENVIRONMENTAL ASSESSMENT FORM

PROJECT ID NUMBER: _____

PART I – PROJECT INFORMATION

(to be completed by applicant or project sponsor)

1. Applicant/Sponsor: _____

2. Project Name: _____

3. Jurisdiction: Municipality: Town of Babylon County: Suffolk

4. Precise Location:

(street address, road intersections, prominent landmarks, etc. or provide map)

5. Is proposed action? New Expansion Modification/Alteration

6. Describe project briefly: _____

7. Amount of land affected: Initially _____ sq. ft. Ultimately _____ sq. ft.

8. Will proposed action comply with existing zoning or other existing land restrictions?

Yes No

If no, describe briefly: _____

9. What is present land use in vicinity or project?

Residential Industrial Commercial Agricultural

Park/Forest/Open Space Other _____

Describe briefly:

10. Does action involve a permit, approval or funding, now or ultimately from any other governmental agency (federal, state or local)? Yes No

If yes, list agency(s) and permit(s)/approval(s): _____

11. Does any aspect of the action have currently valid permit(s) or approval(s)?
 Yes No

If yes, list agency name(s) and permit(s)/approval(s): _____

12. As a result of proposed action will existing permit(s)/approval(s) require modification?
 Yes No

If yes, explain: _____

I certify that the information provided above is true to the best of my knowledge.

Print Applicant/Sponsor Name: _____

Signature: _____ Date: _____



PROPERTY OWNER'S ENDORSEMENT

(to be completed if the applicant and/or business owner is not the property owner)

State of _____

County of _____

_____, being duly sworn, deposes and says that (s)he resides at _____ in the County of _____, and State of _____, and that (s)he is the (owner in fee) or (_____ of the _____ Corporation, which is the owner in fee) of the premises described in the foregoing application to the Zoning Board of Appeals and that (s)he has authorized _____ to make the foregoing application.

(Corporate Seal)

Sworn to before me this _____

day of _____, 200__

Notary Public

Owner, Partner, Corporate Officer, or
Other (state title)

If more than one owner, attach additional Property Owner's Endorsement Forms