

**NOTICE:** This APPLICATION must be TYPEWRITTEN or printed, filed at least forty-five days prior to the date of the meeting set by the Board of Appeals, accompanied by all necessary information. (See reverse side of this sheet.)

Filed .....20..... Case No. ....

**INCORPORATED VILLAGE OF EAST ROCKAWAY**

**Village Hall**

ATLANTIC AVENUE, EAST ROCKAWAY, N.Y.

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APPEAL FROM DECISION OF THE SUPERINTENDENT OF BUILDINGS DATED.....  
APPLICATION FOR VARIANCE OR EXCEPTION FROM THE REQUIREMENTS OF THE ZONING CODE  
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NAMES AND ADDRESSES

Applicant for Relief: Address:

Owner: Address:

Lessee: Address:

TO THE CHAIRMAN OF THE BOARD: An appeal is hereby taken from the decision of the Superintendent of Buildings, and application is hereby made for the following variation from the requirements of the Zoning Code.

Item

**A** Variation of Section-

To Permit the Erection of-  
In accordance with plans filed-

**B** To Permit the Alteration of-  
In accordance with plans filed-

To Permit the Conversion of-  
In accordance with plans filed-

To Permit the Maintenance of-  
In accordance with plans filed-

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Premises Affected is situated on the N E S W side of .....  
distant ..... feet N E S W of the corner formed by the intersection of .....  
..... and ..... East Rockaway, County of Nassau, N.Y.  
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**C** Section Block Plot

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Street or House Number:  
Does property face on two different public streets? .....  
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(If on two streets, give both streets and numbers.)  
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Attached hereto is a copy of the order or decision issued by the Administrative Official. (Denial Letter)  
**D** Issued on ..... 20..... (Give date of order or decision) Items No.

**E** Question Involved: .....  
Use ..... Area ..... Height .....

**F** In Connection with - A PROPOSED - An EXISTING - Building. (Circle one)

**G** LOCATED IN BUILDING ZONE DISTRICT DESIGNATED AS: .....

**H** Date Erected: .....

**I** Character of Construction: (Check one)  Wood Frame:  
 Ordinary:  
 Fire resistive:

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**J** Size of Lot: ..... feet front ..... feet deep .....  
Size of Building: At street level: ..... feet front ..... feet deep .....  
Size of Building: At typical floor level: ..... feet front ..... feet deep .....  
Size of Building: Height: ..... Stories: ..... feet .....

OCCUPANCY OF EACH FLOOR:

K Cellar ..... 1st Floor .....  
2nd Floor ..... 3rd Floor .....

QUESTIONNAIRE

- (1) Has any previous application or appeal been filed with this Board on these premises? \_\_\_Yes \_\_\_No
- (2) Is there a school or hospital in the - block, or within 200 feet of the premises in question? \_\_\_Yes \_\_\_No
- L (3) Has court summons been served relative to this matter? \_\_\_Yes \_\_\_No
- (4) Have you inquired of the Village Clerk whether there was any petition pending to change the use district regulations affecting the block on which these premises are located? \_\_\_Yes \_\_\_No
- (5) What is the approximate cost of the work involved in this application? \$.....

ATTACHED HERETO AND MADE A PART OF THIS APPLICATION, I SUBMIT THE FOLLOWING:

(Note - All these papers must be submitted with the application)

M A COPY OF DECISION OR ORDER OF ADMINISTRATIVE OFFICIAL on which application is based. (10 copies)

N A TYPEWRITTEN or printed STATEMENT of the principal points on which I base my application, with description of proposed work, if any. (10 copies)

TEN (10) SETS OF DRAWINGS, all including:

- O A block diagram with street numbers, section, block and lot numbers and street frontage, showing the character and occupancy of all property affected, with points of compass indicated.
- A complete floor plan of building with all necessary measurements.
- A longitudinal section with heights marked thereon also front elevations.
- A current survey of the property showing all existing and proposed improvements.

P A full list of NAMES AND ADDRESSES of owners of all properties shown on block diagram, and indicating property owned by section, block and lot numbers along with the area map. (10 copies)

Q Ten (10) sets of unmounted photographs showing actual conditions on both sides of street, between intersecting streets and the portion of the property or structure in question. Print street names and mark premises in question.

R Ten (10) copies of the permit application with ten (10) copies of recent survey by a licensed engineer or surveyor showing the property involved.

S Ten (10) copies of Environmental Assessment Form.

T Ten (10) copies of the Affidavit of Certification by Applicant.

IMPORTANT NOTICE

All signatures must be original -- Photocopies are not acceptable.

I hereby depose and say that all the above statements and the statements contained in the papers submitted herewith are true.

U

Sworn to before me, this  
day of ..... 20.....

.....  
(Applicant to sign here)

.....  
Notary Public, Nassau County, New York

AFFIDAVIT OF OWNERSHIP

State of New York ss:  
County of Nassau

Being duly sworn, deposes and says that he/she resides at .....in the county of ....., in the State of New York that he/she is the owner in fee of all that certain lot, piece or parcel of land situated, lying and being in the Village of East Rockaway, County of Nassau aforesaid and known and designated as Number ..... and that he/she hereby authorized ..... to make the annexed application in his/her behalf and that the statements of fact contained in said application are true.

Sworn to before me, this  
day of ..... 20.....

.....  
(Owner to sign here)

.....  
Notary Public, Nassau County, New York

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 IN THE MATTER OF THE APPLICATION OF X Affidavit of Certification by Applicant Pursuant to  
 X the Provisions of Section 809 of the General  
 BEFORE THE ZONING BOARD OF APPEALS X Municipal Law  
 OF THE INC. VILLAGE OF EAST ROCKAWAY  
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STATE OF NEW YORK)  
 COUNTY OF NASSAU) SS.:

\_\_\_\_\_ being duly sworn, deposes and says: That your deponent is 21 years of age  
 or over; and That your deponent is an officer or agent of \_\_\_\_\_  
 applicant(s) and who is (are) the owner(s) in fee (contract vendee) (lessee) or describe another category \_\_\_\_\_  
 \_\_\_\_\_ of the premises referred to in the application, and is interested in the outcome thereof  
 (except as otherwise stated), and there is (are) no other person(s) interested either in the fee ownership, or as  
 holder of an encumbrance upon the property; That your deponent's home address is \_\_\_\_\_  
 \_\_\_\_\_; That your deponent is an officer \_\_\_\_\_  
 \_\_\_\_\_ (indicate official title) of \_\_\_\_\_, a corporation  
 duly organized and existing under and by virtue of the laws of the State of New York, with its principal place of  
 business at \_\_\_\_\_; that the identities of  
 all of the officers, directors and shareholders of the corporation\* are as follows:

<b><u>Officers:</u></b>	<b><u>Names:</u></b>	<b><u>Addresses:</u></b>
	_____	_____
	_____	_____
	_____	_____

<b><u>Directors:</u></b>	<b><u>Names:</u></b>	<b><u>Addresses:</u></b>
	_____	_____
	_____	_____
	_____	_____

<b><u>Shareholders:</u></b>	<b><u>Names:</u></b>	<b><u>Addresses:</u></b>
	_____	_____
	_____	_____
	_____	_____

\* Where the corporation is not listed on the New York or American Stock Exchange.  
 (over)

Your deponent is a partner of \_\_\_\_\_  
a co-partnership (limited partnership), having a principal place of business at \_\_\_\_\_  
comprising the following named partners whose addresses are set opposite each partner's name:

Name:

Home Address:

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No State officer or any officer or employee of Nassau County, or municipality therein, is interested in the favorable exercise of discretion of the Board in the above-entitled proceeding, except as follows:

Name:

Position:

Address:

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(signed)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

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

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



Appendix C  
State Environmental Quality Review  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
For UNLISTED ACTIONS Only

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality Inc. Village of East Rockaway County Nassau County	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres    Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**

**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>If yes, coordinate the review process and use the FULL EAF.</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>	
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, explain briefly:</p>	
<p>E. IS THERE OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    If Yes, explain briefly:</p>	

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<p><input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which <b>MAY</b> occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration</p>	
<p><input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action <b>WILL NOT</b> result in any significant adverse environmental impacts <b>AND</b> provide, on attachments as necessary, the reasons supporting this determination.</p>	
Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (If different from responsible officer)











**VILLAGE OF EAST ROCKAWAY  
ZONING BOARD OF APPEALS**

**AFFIDAVIT OF MAILING**

This is to certify that I have mailed Notices of Public Hearing for ZBA application # \_\_\_\_\_ submitted to the Zoning Board of Appeals, which hearing is to be held at the East Rockaway Village Hall, 376 Atlantic Avenue, East Rockaway, New York, on \_\_\_\_\_, 20\_\_ at 8:00 P.M., in accordance with the requirements of Local Law No. 3 of 2004, as follows:

1. By certified mail, return receipt requested to the owners of property that are directly adjacent to the subject property at the addresses indicated on the current Village tax roll. Attached is a list of adjacent property owners and their respective mailing addresses, together with the certified mail receipts.\*
  
2. By first class mail, to the owners of all other properties that are located within two hundred (200) feet of the boundaries of the subject property at the addresses indicated on the current Village tax roll. Attached is a list of the surrounding property owners and their respective mailing addresses.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to before me this

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

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

\*This affidavit must be accompanied by the receipts for notices mailed by certified mail *and* any return receipts received at the time this affidavit is filed. Failure to do so may result in the postponement of the public hearing.

**VILLAGE OF EAST ROCKAWAY  
ZONING BOARD OF APPEALS**

**AFFIDAVIT OF POSTING**

This is to certify that I have posted or caused to be posted a clearly visible sign, in accordance with Local Law No. 3 of 2004 of the Village of East Rockaway, on each frontage of the subject property located at \_\_\_\_\_ giving notice that an application is pending before the Zoning Board of Appeals and that a Public Hearing on said application will be held at the East Rockaway Village Hall, 376 Atlantic Avenue, East Rockaway, New York, on \_\_\_\_\_, 20\_\_\_\_ at 8:00 P.M.

ZBA Application # \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Date Sign Posted: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Sworn to before me this

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

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