

Village of Greenport Building Department

236 Third Street, Greenport, New York, 11944 (631) 477-0248 www.villageofgreenport.org

ZONING BOARD OF APPEALS - AREA VARIANCE

INSTRUCTIONS FOR AREA VARIANCE APPLICATIONS:

Please submit the following in six (6) sets collated into separate packets, with original signed set and check for filing fee clipped on top.

1. Current Notice of Disapproval from the Building Department dated within the last 60 days, together with survey, site plan and building plans.

- 2. Completed Application signed and notarized.
- 3. Copies of noted Covenants and/or Restrictions, if applicable.
- 4. Environmental Assessment Form.

5. If this application is applied for by an LLC, a list of acting members of that LLC must be provided with this application.

Area Variance Fee Schedule:

Residential - \$600.00 Commercial - \$1000.00 Each additional Variance Requested - \$200.00 Property Divisions: \$1500.00 initial fee and \$2,000.00 per lot.

All Board of Appeals filings and examinations will require a deposit for Village

Expenses, as follows: Residential: \$250.00 Commercial: \$1,500.00



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Date of Application _____

All information below is to be completed by the applicant. This completed application is to be accompanied by the Notice of Disapproval, Copies of Covenants and/or Restrictions, where applicable, Environmental Assessment Form, building plans showing elevations, setbacks, floor plans, room dimensions, details of footings and foundation, and species of lumber and quality of material, where applicable.

THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)						
First Name	Last Name	Business Name, if applicable				
Mailing Address		City/ Town/ Village	State	Zip		
Phone #		E-Mail Address				
CONTACT PERSON (if different from owner) The person to receive all correspondence:						
The person to receive al	i corresponaence:					
First Name	Last Name		Business Name	, if applicable		
Mailing Address		City/ Town/ Village	State	Zip		
Phone #		E-Mail Address	5			
IF ANYONE OTHER THAN THE OWNER COMPLETES THIS APPLICATION, WRITTEN CONSENT FROM THE OWNER MUST BE SUBMITTED WITH THIS APPLICATION.						
Location:		19.2 · · · · · · · · · · · · · · · · · · ·				
Suffolk County Tax Map Number: 1001 Section: Block: Lot						
Street Address:		(Greenport, New	York, 11944		
Zoning District: [] WC [] R1 [] R2 [] PD [] CR [] CG Is property located within the Historic District? [] Yes [] No						



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The Code Official reviewed and denied an appl the location specified on this application.	for a Building Permit for	
Provisions of the Zoning Code appealed: (Indicate Article, Section and Subsection of Zon	ning Code by numbers)	
Article:	Section: 150	Subsection:
Type of appeal made for: [] A Variance to the Zoning Code or Zoning M [] An interpretation of the Village Code Article Has a prior appeal been made at any time w	Iap. e: Section: ith respect to this property? []]	Subsection: Yes [] No [] I Don't Know
If yes, please provide the date appeal was made Project Description:		
For Demolition of Existing Building Areas: Please describe area being removed:		
New Construction Areas (New Dwelling or]		
Dimensions of First Floor (Addition/Extension		
Dimensions of Second Floor:		
Height (from finished grade to top of ridge): _	Feet, Inches	
Is basement or lowest floor area being const If yes, please provide height (above ground) m Feet, Inches.		ade to first floor:



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Project Description: (CONTINUED)

Proposed Construction Description: (Alteration or Structural Changes)

Number of floors BEFORE alterations:

Describe General Characteristics BEFORE alterations:

Number of floors AFTER Alterations:

Describe General Characteristics AFTER alterations:

Calculations of Building Areas and Lot Coverage:

Existing Square Footage of Building(s) on this property: _____ SF

Proposed Increase in Building Coverage: _____ SF

Square Footage of this Lot: _____ SF

Percentage of Coverage of this Lot by Building Area: _____%

Purpose of New Construction: *Please describe:*



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Area Variance Reasons for Appeal:

Please answer in detail. Additional sheets may be submitted with preparers signature.

Will an undesirable change occur in the characteristics of the neighborhood or will a detriment to nearby properties be created by the granting of this area variance?

Can the benefit sought by the Applicant be achieved by another method, feasible for the Applicant to pursue, other than an Area Variance?

Is the requested Area Variance substantial?

Will the requested Area Variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district?

Was the alleged difficulty self-created, which consideration shall be relevant to the decision of the Zoning Board of Appeals, but shall not necessarily preclude the granting of the Area Variance?

Are there Covenants or Restrictions concerning this land? [] Yes [] No If yes, please furnish copies.

AFFIDAVIT

Village of Greenport)Town of Southold)County of Suffolk) ssState of New York)

I swear that to the best of my knowledge and belief that the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Code, and all other laws pertaining to the proposed work shall be complied with, whether specified of not, and that such work and inspections are authorized by the owner. The Village of Greenport is hereby granted permission to enter the property listed as the "Location" for the purposes of inspecting my property for a site visit. I understand that if approved, this Area Variance will be granted and accepted on condition that the provisions of Federal, State and Local rules and regulations, and any additional requirements of the Area Variance are complied with. Any violation of all applicable codes, or deviations from the approved plans may result in the immediate revocation of this Area Variance & legal action taken against me. No responsibility rests upon the Village of Greenport, Code Enforcement, the Fire Marshal or the Fire Department by reason of this application and permit.

Signature_____

Sworn to be before this_____ day of_____20 ____

Owner or Applicant

Notary Public, Suffolk County, New York