



## **Zoning Board of Appeals**

### **Town of Islip**

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

#### **DOCUMENTS REQUIRED TO RENEW AND TRANSFER ACCESSORY APARTMENT PERMIT**

#### ***THE BOARD OF APPEALS WILL NOT ACCEPT AN INCOMPLETE APPLICATION FOR FILING***

**ZBA Application** Signed by all title owners with each signature notarized.

**Disclosure Affidavit** Must be signed by all title owners with each signature notarized. If property is under contract of sale, disclosure must be submitted by owner and contract vendee. If held in trust, a copy of trust is required. Disclosure affidavit must be signed by trustee (or co-trustees) and all beneficiaries.

**Affidavit Of Residency** Signed and notarized.

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

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

**Photocopy of New York State Driver's License** Required for all title owners, demonstrating owner occupancy.

**Filing Fee** Visit our website for current [Fees](#), and [Applications](#):

<https://www.islipny.gov/community-and-services/documents/agendas/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.



**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

**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



**Zoning Board of  
Appeals Town of Islip**

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

**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