

Zoning Board of Appeals Town of Islip

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

DOCUMENTS REQUIRED TO TRANSFER ACCESSORY APARTMENT PERMIT

Filing Fee: \$150 if check, make payable to “Town of Islip”

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

Affidavit Of Residency - Signed and notarized

Inspection & Fee Payment Affidavit- Signed and notarized

Photocopy of Deed Additionally, if the applicant is a contract vendee or tenant, we need a contract or lease to the subject property

Photocopy of NY State Drivers License of all Title owners

THE BOARD OF APPEALS WILL NOT ACCEPT AN APPLICATION FOR FILING UNLESS
THE APPLICATION IS COMPLETE

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

OFFICE USE ONLY

Application Information

TYPE OF APPLICATION:

- Variance or Special Exception
- Appeal of the Building Inspectors Denial or Directive from other Town Agency

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

Applicant/Representative Information

 Name

 Street No. Street Name

 City/Town State/Zip

 Telephone Number Email

 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 to me before 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/we, _____ 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 this _____ day of _____, 20 _____

Notary Public

TOWN OF ISLIP, BOARD OF APPEALS
INSPECTION AND FEE PAYMENT AFFIDAVIT

I, _____,
residing at _____, the
undersigned applicant and owner of the subject premises, in consideration for the granting of
permission for an Accessory Apartment, 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.

I further consent that if I refuse to permit this work to be done, to an assessment of ten dollars per day that shall be added to the tax roll of this property as a special assessment for as long as any violations of this ordinance continues.

I further agree that in the event the invoice for the annual fee levied for the accessory apartment is not paid to the Town of Islip when due, the original amount plus a late interest fee of one and one-half percent (1.5%) per month on uncollected amounts shall be added to the invoice. On September 1, any outstanding balance that is delinquent for more than ninety (90) days will incur to the December tax bill, with an additional penalty of fifty dollars (\$50.00).

Signature: _____

Date: _____

Sworn to me before this date

(Notary)

COMPLIANCE AFFIDAVIT

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

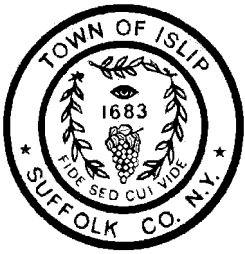
I, _____
being duly sworn, deposes and says that I reside at _____
_____ the Town of Islip , in the County of Suffolk,
and the State of New York , and that I am the owner in fee of the premises described in the
foregoing petition and that I have read the foregoing application and know the contents thereof:
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.

Signature: _____

Date: _____

Sworn to me before this date

(Notary)



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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 being submitted to the Town of Islip knowing that they will rely upon the same
for the purpose of hearing an accessory apartment application for a second apartment in my residence at
_____.

This is my primary residence (and that I spend at least nine months out of the year residing at this residence).

Signature _____

Date _____

Telephone # _____

Sworn to me before this date

(Notary)

REQUIREMENTS FOR ACCESSORY APARTMENTS

1. **Section 713.2(a)** The main entrance door shall be 36" wide.
2. **Section 713.2(a)** Door intended for passage shall not be less than 6 feet 8 inches in height.
3. **Section 712.1(a)** Natural light shall be provided in each habitable room. The glass area must be at least 8% of the floor area in each habitable room.
4. **Section 712.1(b)** Natural ventilation shall be provided in each habitable room. The open window area must be 4% of the floor area in each habitable room.
5. **Section 714.1** In addition to the primary exit from a recreation room or a habitable room, there shall be provided in each such space at least one opening for emergency use. Such opening shall have minimum area of four square feet with a minimum dimension of 18 inches.
 - (a) The bottom of openings no higher than 3' 6" above the finished floor in all above grade stories
 - (b) The bottom of openings no higher than 4' 6" above the finished floor in basement or cellars.
6. **Section 717.3(a)** Separation between dwelling units shall have a fire resistance rating of at least 3/4 hours.
7. **Section 717.3(e)** The boiler room shall be enclosed with a 3/4 fire rating.
 - (a) The boiler room must be provided with an outside source of fresh air or a window. One square inch per 2000 B.T.U.
 - (b) Bathroom must be provided with a window or install mechanical ventilation.
 - (c) Must install mechanical ventilation at the range in the kitchen.
 - (d) Each floor level shall have a hand wired electrical smoke detector located near the bedroom areas that are connected together so that if one goes off it activates the other detectors.
 - (e) All stairs shall have handrails.
 - (f) Must comply with the N.Y.S. Uniform Fire Prevention and Building Code in all other requirements.