



Zoning Board of Appeals Town of Islip

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

DOCUMENTS AND FORMS REQUIRED FOR TEMPORARY SPECIAL EXCEPTION TWO-FAMILY, FAMILY USE ONLY DWELLING PURSUANT TO ISLIP TOWN CODE SECTION 68-419.1

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

This provision of the Town code grants the ZBA the power to grant a temporary special exception for use of a single-family dwelling for two-family purposes where occupants are related in the first degree of consanguinity and documented physical or mental hardship is involved. Advanced age is also grounds for granting this application. In cases of extreme hardship, the Board will consider the second degree of consanguinity. This grant must be renewed every three years.

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

Letter of Zoning Denial Please complete and submit a [Zoning Inquiry Form](#) to ZoningDepartment@islipny.gov. The Zoning Division will respond with a written Letter of Denial, or follow up if more information is required.

Disclosure Affidavit If property is jointly owned, must be signed by all title owners and each signature notarized. If the property is 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).

Survey Less than one (1) year old, with eight (8) copies, drawn to scale, signed and sealed by a NYS licensed surveyor. Must show all existing site structures and improvements; include names of adjacent roadways; property line bearings and distances; tie distance to nearest street corner; lot area; tax lot information; dimension of existing structures; heights of perimeter improvements (fences, walls, etc.); distances from existing structures and perimeter improvements to property lines; pavement and parking stall striping; abutting road improvements (curbing, pavement, sidewalks, drainage structures, etc.) If actual conditions on the subject property are different from the survey provided, an updated survey, additional applications and/or approvals may be required. A site plan is not a substitute for a survey.

Copy of Certificate of Occupancy or Compliance On file at the Records Division of the Building Department, 1 Manittan Court, Islip. Request may be submitted online: <https://islipny.gov/foil>

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

Birth Certification We require a birth certificate of **each owner and all person(s)** who will occupy the home. If a physical or mental condition is alleged the Board requires a recent doctor's letter detailing the condition.

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.

(Revised 04/29/2024)



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