



Board of Zoning Appeals

Town of North Hempstead

210 Plandome Road • Manhasset, NY 11030 • (516) 869-7667 • (516) 869-7812 fax

FILING REQUIREMENTS

RESIDENTIAL – Additions, Alterations, Accessory Buildings, Etc.

Section 267-a 5(b) of Town Law requires that any application to the Board of Zoning Appeals shall be filed within sixty (60) days of the Notice of Disapproval by the Building Official.

The following documents are required for all Appeals – **Four (4) complete sets:**

- Notice of Disapproval – Town of North Hempstead Building Department
- Application for Variance, Conditional Use, Permit, or a request for determination
- Copy of Zoning Analysis form
- Survey of premises at original size (plus 1 copy at 8.5"x11" or 11"x17")
- Site Plan, Floor Plans, Elevations & Architectural Drawings at original size (plus 1 copy at 8.5"x11" or 11"x17")
- Mother Daughter information sheet (if applicable)
- *Filing Fees (check or money order made payable to the Town of North Hempstead)*
 - Additions and Alterations \$400.00
 - Applications involving minor accessory structures pergolas, terraces, air conditioning compressors, fences, sheds, ponds (non-pool water features), planter boxes, BBQs and outdoor fireplaces \$150.00
 - Mother daughter conditional use \$400.00
 - Mother daughter conditional use renewal (every two (2) years) \$200.00
 - Extension of time \$100.00

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED FOR FILING

Revised February 8, 2021

Town of North Hempstead
BOARD OF ZONING APPEALS
P.O. Box 3000, Manhasset, New York 11030-2327
(516) 869-7667 • Fax (516) 869-7812

Application for Variance, Conditional Use, or Permit pursuant to the provisions of Chapter 70 of the Code of the Town of North Hempstead of 1973 and as amended

Receipt No. _____ Date _____ Appeal No. _____

Application must be fully completed and will not be accepted unless Affidavit of Ownership is executed by the record owner of the property described.

By filing this application, the Owner consents to allow the Board of Zoning Appeals to enter upon and inspect the property described.

Applicant _____ Address _____

Owner _____ Address _____

Name, address and phone # of Person who will appear for the applicant at the Public Hearing _____

Application is hereby made for a Conditional Use or Special Use under Section(s) _____
Item Application is hereby made for a Variance of Section(s) _____
A Application is hereby made for a Permit under Section(s) _____
Application is hereby made for a determination under Chapter 70, Article XXIX, Section _____
of the code of the Town of North Hempstead under the authority of the Board of Zoning Appeals

B Subject premises situated on the _____ side (or corner) of _____ Street
_____ feet _____ of _____ Street
Street or house No. _____
Section _____ Block _____ Lot(s) _____ Zoning District _____

C To permit the: Construction/Alteration/Conversion/Maintenance/Extension/Use of _____

D Date of the attached Building Department's Notice of Disapproval _____

E In connection with: a proposed or existing (circle one) _____

F Type of construction: Brick/Frame/Masonry/other: _____ Fireproof? Y/N

G Size of Lot _____ x _____ feet front _____ feet rear _____ feet depth _____ total square feet _____
Size of existing building: feet front _____ feet deep _____ Square footage _____
Size of building as proposed: feet front _____ feet deep _____ Square footage _____
Height of Building: existing stories/height _____ / _____ proposed stories/height _____ / _____

H Use: Present (or former, if unoccupied) _____ Proposed _____
Is there a petition before the Town Board for a Change of Zone? _____

Appeal No(s). of any previous applications on these premises _____
How long has owner held title to property? _____
I Are the premises within 200 ft. of a school, public library, church, hospital, or orphanage? _____
Has any Violations being issued affecting the property? _____
Has a Court Summons been served relative to this matter? _____

I hereby submit the principal points on which this application is based, with description of existing conditions and proposed work. In requesting a variance include a statement concerning your practical difficulty or hardship (attach separate sheet if necessary).

J

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

Applicant's Signature _____

Sworn to before me this ____ Day of _____, 2____

(Notary Public)

AFFIDAVIT OF OWNERSHIP

County of Nassau)
State of New York) ss:

_____ being duly sworn, deposes and says that he/she resides at
_____ in the county of _____ and state of _____

That he/she is (the owner in fee)* (the) _____ of _____

The corporation which is owner in fee)* of the premises described in this application shown on the Nassau
County Land & Tax Map as Section No. _____ Block No. _____ Lot (s) _____

that he/she has authorized _____ to make this
application and that the statements of fact contained in this application are true.

Owner's Signature _____

Sworn to before me this ____ Day of _____, 2____

(Notary Public)



Town of North Hempstead
Department of Building, Safety Inspection and Enforcement
210 Plandome Road, P.O. Box B.O. Box 3000, Manhasset, NY 11030-2327
(516) 869-7660 FAX:

(516) 869-7662
Application No.: _____
(Official Use Only)

**RESIDENTIAL ZONING ANALYSIS
SUBMISSION SHEET**

[Required for submission with all Residential Permit Applications]

Section: _____ Block: _____ Lot(s): _____

Zoning District Classification:	_____	Total Lot Area:	_____ sq. ft.
Max. Permitted Coverage:	_____ sq. ft.	Proposed Coverage:	_____ sq. ft.
Max Permitted Coverage (%):	_____ %	Proposed Coverage (%):	_____ %
Max. Permitted Gross Floor Area:	_____ sq. ft.	Proposed Gross Floor Area:	_____ sq. ft.
Max. Permitted Gross Floor Area (%):	_____ %	Proposed Gross Floor Area:	_____ ft.
Front Yard Required:	_____ ft.	Front Yard Provided:	_____ ft.
Avg. Front Yard (within 200'):	_____ ft.	Front Yard Provided:	_____ ft.
Front Yard Required (Corner Lot):	_____ ft.	Front Yard Required (Corner Lot):	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (1) Provided:	_____ ft.
Min. Side Yard Permitted:	_____ ft.	Side Yard (2) Provided:	_____ ft.
Aggregate Side Yard Permitted:	_____ ft.	Aggregate Side Yard Provided:	_____ ft.
Rear Yard Required:	_____ ft.	Rear Yard Provided:	_____ ft.
Max. Height to Ridge:	_____ ft.	Ridge Height Proposal:	_____ ft.
Max. Height to Eaves:	_____ ft.	Eaves Height Proposed:	_____ ft.

ARCHITECT/ENGINEER: Business / Corporate Name: _____
Last: _____ First: _____ Middle Initial: _____ License #: _____
Street Address: _____ City: _____
State: _____ Zip: _____ Tel. Number: _____ Fax: _____
Email: _____ Cell Phone: _____

Architect/Engineer Stamp and Signature **MUST** appear here:



Board of Zoning Appeals

Town of North Hempstead

RULES FOR FILING OF NOTICE OF A PUBLIC HEARING

- **Forms required for notification shall be provided by the Secretary of the Board.**
 - **The applicant shall notify all adjoining property owners as indicated on the latest Nassau County Assessment Roll prepared for the Town General Tax Levy.**
 - **Notices shall be sent not more than twenty (20) nor less than ten (10) days prior to the date of the public hearing. Said notices shall be sent by first class mail, and by certified mail, from a Post Office located within Nassau County.**
 - **For applications where all mailing requirements were satisfied AND are adjourned to a specific date on the record, the applicant shall re-notice the hearing by first class mail. Notices shall be sent not more than twenty (20) nor less than ten (10) days prior to the date of the public hearing.**
 - **The applicant shall file with the Office of the Board proof that said notice has been sent to the affected property owners no later than five (5) days prior to the public hearing. Said proof shall consist of: an Affidavit of Mailing, a sample copy of the notice sent, and all post office receipts.**
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- NOTES -

Incomplete applications will not be accepted for filing!

CONSENT FORM



TO: Board of Zoning Appeals
Town of North Hempstead
P.O. Box 3000
Manhasset, NY 11030-2327

The undersigned, owner of real property _____,
_____, known on the Nassau County Land and Tax Map as
Section _____, Block _____, Lot(s) _____
_____ said property being located adjoining the property of
_____, situated at
_____ known on the
Nassau County Land and Tax Map as Section _____, Block _____, Lot(s) _____
_____, have seen and understood the proposed plans on
which application for a variance/conditional use* has been made, and hereby gives his/her*
consent for a variance of section(s) _____
_____ of the Code of the Town of North
Hempstead in the construction/use* of _____

(adjoining property owner's signature)

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

(Notary Public)

* Strike out inapplicable words

This form may be used in connection with an application for any variance of the Code of the Town of North Hempstead. According to the Rules of the Board, such consents shall be obtained from each owner of property adjoining the subject plot, and if not obtained, Notice of the date and time of hearing shall be sent to such owners of adjoining properties on forms furnished by the Office of the Board.

Consents will not be accepted unless completed with a statement of the variance requested and signatures acknowledged by a notary public. Completed consents must be submitted at least five (5) days prior to public hearing.

FILING REQUIREMENTS FOR MOTHER-DAUGHTER RESIDENCE

- Application to the Board of Zoning & Appeals
- Notice of Disapproval issued by the Building Department.
Section 267-a 5(b) of Town Law requires that any application to the Board of Zoning Appeals shall be filed within sixty (60) days of the Notice by the Building Official.
- True and accurate Survey of premises. (4 copies)
- Accurate site plan of premises indicating all off-street parking. (4 copies)
- Accurate current floor plans of the first and second floors of the dwelling. (4 copies)
The submitted drawings shall indicate all room dimensions and the areas of the proposed dwelling units.
- Filing fee of \$400.00. (check made payable to the Town of North Hempstead)
- Mother-Daughter Occupancy information sheet (this form), to include the names, relationship, and ages of all occupants of the dwelling.
- Submit Photographs of all occupants of the Mother-Daughter Residence.
- Submit a copy of the most recent recorded Deed to the premises [w/ liber & page].
- Submit copies of all Certificates of Occupancy and Certificates of Completion relating to the subject property.

A Declaration of Restrictive Covenant must be signed by the owner(s) of the premises, if the application is granted. This Declaration will be prepared by the Counsel to the Board. The Declaration shall state that the use of the premises as a mother-daughter residence is limited to the owner(s) of the premises and their immediate family, and that the premises may not be sold as a two-family dwelling.

A Check made payable to the "Nassau County Clerk" to cover the filing fee for recording the Restrictive Covenant with the County of Nassau. The amount of the check should be left blank, with a statement that the check should not exceed fifty (\$50) dollars. In the event the application is denied, this check will be returned to the applicant.

A Consent for Inspection must be signed by the occupants of the premises, if the application is granted, authorizing the Town of North Hempstead to inspect the premises for the purpose of ascertaining whether the premises is being used in compliance with the Mother-Daughter Conditional Use Permit.

Mother-Daughter Residence as defined by the Town of North Hempstead Zoning Code, Section 70-231:
A one-family home or residence altered to include a second kitchen for the sole use by the children or parents of the fee resident owner of said one-family home or residence and for which a conditional use permit shall have been duly approved by the Board of Zoning and Appeals.



Board of Zoning Appeals

Town of North Hempstead

210 Plandome Road • Manhasset, NY 11030 • (516) 869-7667 • (516) 869-7812 fax

MOTHER-DAUGHTER RESIDENCE

Information Sheet

(Please Print)

OWNERS: _____

ADDRESS: _____

PHONE: _____

Section: _____ **Block:** _____ **Lot(s):** _____ **Zone:** _____

APPLICANT: _____

PHONE: _____

The existing one-family dwelling shall be used as a Mother-Daughter residence with occupancy limited to the following named persons:

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>FLOOR</u>	<u>AGE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[attach additional sheet, if necessary]