

DEPARTMENT OF PLANNING AND DEVELOPMENT

TOWN HALL WEST, 74 AUDREY AVENUE, OYSTER BAY, NY 11771
TEL. 516-624-6200 FAX 516-624-6240



BUILDING DIVISION

TIMOTHY R. ZIKE
DEPUTY COMMISSIONER

DIANA S. AQUIAR
DEPUTY COMMISSIONER

Request for Waiver of Complete Application Requirement FOR PROPOSED RESIDENTIAL WORK ONLY

Attached hereto is an Application for Building Permit(s) together with the attached required amount of surveys showing proposed work with setback, three (3) sets of final building plans and the required affidavits for rejection; i.e. Affidavit of Average Setback.

These are submitted only for the purpose of a REJECTION necessary to appear before the Zoning Board of Appeals. If the variance is granted, I (we) will immediately file a complete application which MUST include the following:

APPLICANT MUST INDICATE WHAT IS BEING WAIVED

1. Name and address of General Contractor(s) along with an original Certificate of Worker's Compensation with the Town of Oyster Bay as Certificate holder.
2. Contractor's Nassau County Home Improvement License Number with expiration date. (Residential only).
3. Application by a Town of Oyster Bay approved licensed and insured plumber and/or electrician.
4. Water Availability Letter from Local Water Authority.

I (We) understand that the Division of Buildings will take no action with respect to this application other than to reject it unless and until a complete application in acceptable form has been submitted. After variance is approved from the Zoning Board of Appeals, the Division of Plan Examination will not review the application until the above-waived documents are submitted.

Date: _____

Signature: _____

(Applicant)

Office use only:

Date Approved: _____ **Superintendent of Buildings** _____

(Rev. 02/04/2016)



TOWN OF OYSTER BAY