



**Town of Oyster Bay**  
**Department of Planning and Development**  
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ELIZABETH L. MACCARONE  
 COMMISSIONER

TIMOTHY R. ZIKE  
 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. 02/22/2017)