

**ZONING BOARD OF APPEALS  
TOWN OF OYSTER BAY, N.Y.  
RULES OF PROCEDURE  
Application for a Variance**

**THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION:**

- 1) Two (2) original copies of the **Board of Appeals Application** with executed signature of fee owner.
- 2) The **rejected building permit application** together with three (3) sets of building plans.
- 3) Fourteen (14) legible copies of a **survey** of the subject property prepared by a licensed surveyor drawn to scale indicating setbacks from property lines. If application is to **maintain** then highlight what the application is for.
- 4) For proposed structures/additions, an additional fourteen (14) legible copies of a **plot plan** showing the proposed structures/additions indicating setbacks from property lines is also required. The plot plan **cannot** be substituted for surveys.
- 5) Fourteen (14) copies of a **radius map**, drawn to scale, showing the size and location of all parcels located within a radius of 100 feet (300 feet for commercial parking) measured from all points of the subject property and indicated thereon the name and mailing address and section, block and lot for each parcel shown.
- 6) **PLOT PLAN, SURVEY & RADIUS MAPS MUST BE COLLATED AND STAPLED INTO 14 PACKETS .**
- 7) A **Disclosure Affidavit** pursuant to the Building Zone Ordinance (One for Applicant and one for Representative of Applicant if needed).
- 8) A **Prior Application Affidavit** listing all prior applications (copy/copies) attached to form) affecting subject property made to the Zoning Board of Appeals and/or the Town Board either for change of Zone or Special Permit. If prior application has been made, include a copy of Town Board Resolution.

**FEES**

- 9) Once your application has been reviewed by the Division of the Zoning Board of Appeals, a **fee** will be calculated and you will be notified by postcard of that fee. Please pay promptly.

**PROOF OF NOTICE**

- 10) A **Notice to Owners and Occupants** form will be mailed to you by the Division of Zoning Board of Appeals **18-20 days** prior to your hearing date. You or your representative must send this form by mail to each owner, occupant and contract vendee (if any) of all parcels of property located within a radius of 100 feet (300 feet for commercial parking) measured from all points of the subject property lines. However, such notice must be sent by Certified Mail, Return Receipt Requested to those owning or occupying all properties abutting the subject property and **A SECOND NOTICE** to be addressed "**Owner/Occupant**" to all abutting properties. Said notice shall be postmarked **not less than TEN (10) days** prior to the date set for the Public Hearing.
- 11) Along with the "**Notice**" you will be mailed an "**Affidavit of Mailing**". This Affidavit, having attached thereto a true and complete copy of the "**Notice to Owners and Occupants**" together with U.S. Postal Receipt or "**Certificate of Mailing**" for each Certified letter mailed to the abutting property owners, must be filed with the Zoning Board **not less than TWO days** prior to the date of the scheduled Public Hearing.

**NOTE:** 1) A separate application for a variance or permit shall be required in the following cases even though the applications relate to the same property or premises: a) for each building if more than one; b) for each special exception requested; c) for each use variance required; d) for each special permit requested. (When applications relating to the same premises are filed simultaneously, the applicant shall be required to file only one completed set of surveys and maps with only two additional for each additional separate applications. 2) In the case of application for **Variance from the plot area and/or width requirements of the Ordinance**, the following shall be annexed to and made part of the application in addition to the foregoing. A) An **abstract of title** affirmed or sworn to by an attorney or by a recognized title examiner, in the form required by the Board, setting forth the Chain of Title (all records of conveyance) of the subject property and all adjacent and abutting plots on and from January 26, 1953 to date. **IMPORTANT:** The abstract of title shall be typewritten or printed on a letter or legal size paper and shall fore each conveyance recorded, show the full name of the grantor and the grantee, the date of deed, the date of recording and the liber and page. Each conveyance recorded concerning any lot must indicate all other lots or property conveyed in the same instrument. If new lot numbers have been assigned since January 1953, the abstract shall indicate both the prior lot numbers and the new lot numbers.



**TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771**  
**BOARD OF APPEALS 624-6230**  
**APPLICATION**

**THESE SPACES FOR OFFICIAL USE ONLY**

APPLICATION NO.	RECEIPT NO.	DATE ADVERTISED	DATE OF MEETING	CASE NO.
-----------------	-------------	-----------------	-----------------	----------

PLEASE TYPEWRITE OR PRINT ALL INFORMATION IN INK

APPELLANT'S NAME			DATE
STREET ADDRESS	POST OFFICE	ZIP CODE	TELEPHONE NO.
MAIL TO NOTICE			
STREET ADDRESS	POST OFFICE	ZIP CODE	TELEPHONE NO.

SUBJECT
---------

**LOCATION OF PROPERTY**

SIDE OF AND NAME OF STREET	NO. OF FT. FROM Intersection
DIRECTION FROM AND NAME OF NEAREST INTERSECTION	VILLAGE

SECTION	BLOCK	LOTS	ZONE
---------	-------	------	------

REASON FOR APPEAL TO CHANGE PRESENT STATUS. ATTACH RIDER IF ADDITIONAL SPACE IS REQUIRED
--

**AFFIDAVIT OF OWNERSHIP**

5. COUNTY OF NASSAU )

ss:

STATE OF NEW YORK )

being duly sworn, deposes and says that he resides

at \_\_\_\_\_  
NAME OF PROPERTY OWNER

\_\_\_\_\_ STREET \_\_\_\_\_ VILLAGE

In the County of \_\_\_\_\_ and State of \_\_\_\_\_ that he 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 Tax Map as Section No. \_\_\_\_\_

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ that he has authorized \_\_\_\_\_

to make this application\* and that the statements of fact contained in this

application are true.

SWORN BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

OWNER'S SIGNATURE \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

\*STRIKE OUT INAPPLICABLE WORDS

6. IS THE SUBJECT PROPERTY LOCATED WITHIN 500 FEET OF ANY STATE PARK OR PARKWAY? PURSUANT TO TOWN LAW 67.SUB 5.)

THESE SPACES FOR OFFICE USE ONLY

7. TYPE OF VARIANCE \_\_\_\_\_

REJECTED FOR ARTICLE \_\_\_\_\_ SECTION \_\_\_\_\_ FEE \$ \_\_\_\_\_

PREVIOUS BOARD OF APPEALS CASE NO.	TYPE OF APPLICATION	DATE REJECTED BY BUILDING DEPT. MANAGER
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**TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771**  
**BOARD OF APPEALS**  
**APPLICATION**

624-6230

**THESE SPACES FOR OFFICIAL USE ONLY**

APPLICATION NO.	RECEIPT NO.	DATE ADVERTISED	DATE OF MEETING	CASE NO.
-----------------	-------------	-----------------	-----------------	----------

**1. PLEASE TYPEWRITE OR PRINT ALL INFORMATION IN INK**

APPELLANT'S NAME			DATE
STREET ADDRESS	POST OFFICE	ZIP CODE	TELEPHONE NO.
MAIL TO NOTICE			
STREET ADDRESS	POST OFFICE	ZIP CODE	TELEPHONE NO.

**2. SUBJECT**

SUBJECT
---------

**3. LOCATION OF PROPERTY**

SIDE OF AND NAME OF STREET	NO. OF FT. FROM Intersection
DIRECTION FROM AND NAME OF NEAREST INTERSECTION	VILLAGE

**4.**

SECTION	BLOCK	LOTS	ZONE
---------	-------	------	------

REASON FOR APPEAL TO CHANGE PRESENT STATUS. ATTACH RIDER IF ADDITIONAL SPACE IS REQUIRED
--

**AFFIDAVIT OF OWNERSHIP**

**5. COUNTY OF NASSAU )**

**ss:**

**STATE OF NEW YORK)**

\_\_\_\_\_ being duly sworn, deposes and says that he resides  
at \_\_\_\_\_  
NAME OF PROPERTY OWNER

in the County of \_\_\_\_\_ STREET \_\_\_\_\_ VILLAGE \_\_\_\_\_  
And State of \_\_\_\_\_ that he 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 Tax Map as Section No. \_\_\_\_\_

Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_ that he has authorized \_\_\_\_\_

\_\_\_\_\_ to make this application\* and that the statements of fact contained in this  
application are true.

SWORN BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
OWNER'S SIGNATURE

\_\_\_\_\_  
NOTARY PUBLIC

\*STRIKE OUT INAPPLICABLE WORDS

**6. IS THE SUBJECT PROPERTY LOCATED WITHIN 500 FEET OF ANY STATE PARK OR PARKWAY? PURSUANT TO TOWN LAW 67.SUB 5.)**

**THESE SPACES FOR OFFICE USE ONLY**

**7. TYPE OF VARIANCE**

REJECTED FOR ARTICLE	SECTION	FEE \$
PREVIOUS BOARD OF APPEALS CASE NO.	TYPE OF APPLICATION	DATE REJECTED BY BUILDING DEPT. MANAGER



**Town of Oyster Bay**  
 Department of Planning and Development  
 Town Hall – 74 Audrey Avenue  
 Oyster Bay, New York 11771  
 (516) 624-6200  
 FAX (516) 624-6240  
 www.oysterbaytown.com

ELIZABETH L. MACCARONE  
 COMMISSIONER

TIMOTHY R. ZIKE  
 DEPUTY COMMISSIONER

**APPLICANT'S DISCLOSURE AFFIDAVIT**

PREMISES: \_\_\_\_\_

STATE OF NEW YORK            )

ss.

COUNTY OF                    )

\_\_\_\_\_, being duly sworn, deposes and says:

1. That I am \_\_\_\_\_ (age), and reside at (address) \_\_\_\_\_.
2. That I am the (owner, lessee, etc.) \_\_\_\_\_ of property which is the subject Matter of this application and am familiar with all the facts and circumstances hereinafter set forth.
3. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.) \_\_\_\_\_.
4. That there are no encumbrances or holders of any instruments creating and encumbrance upon the subject property – except: (if any, set forth details) \_\_\_\_\_.
5. That neither deponent nor any other person mentioned in this affidavit is an officer or Employee, or is related to an officer or employee of the Town of Oyster Bay – except: (if any, set forth details) \_\_\_\_\_.
6. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the applicant, or any officer, director or partner, member or employee of the applicant, or legally or beneficially owns or controls one ( 1 ) percent or more of the stock of the applicant, or is associated with the applicant in a joint venture, or is a party to an agreement with the applicant, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request - except (if any set forth details - see General Municipal Law Section 809) \_\_\_\_\_.
7. That in the event there is any change in the matters set forth herein prior to the issuance of a building permit or certificate of occupancy for the property affected hereby, deponent (s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
 (signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

(Rev. 07/11/2017)



**Town of Oyster Bay**  
 Department of Planning and Development  
 Town Hall – 74 Audrey Avenue  
 Oyster Bay, New York 11771  
 (516) 624-6200  
 FAX (516) 624-6240  
 www.oysterbaytown.com

ELIZABETH L. MACCARONE  
 COMMISSIONER

TIMOTHY R. ZIKE  
 DEPUTY COMMISSIONER

**APPLICANT'S DISCLOSURE AFFIDAVIT**

PREMISES: \_\_\_\_\_

STATE OF NEW YORK )

ss.

COUNTY OF )

\_\_\_\_\_, being duly sworn, deposes and says:

1. That I am \_\_\_\_\_ (age), and reside at (address) \_\_\_\_\_.
2. That I am the (owner, lessee, etc.) \_\_\_\_\_ of property which is the subject Matter of this application and am familiar with all the facts and circumstances hereinafter set forth.
3. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.) \_\_\_\_\_.
4. That there are no encumbrances or holders of any instruments creating and encumbrance upon the subject property – except: (if any, set forth details) \_\_\_\_\_.
5. That neither deponent nor any other person mentioned in this affidavit is an officer or Employee, or is related to an officer or employee of the Town of Oyster Bay – except: (if any, set forth details) \_\_\_\_\_.
6. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the applicant, or any officer, director or partner, member or employee of the applicant, or legally or beneficially owns or controls one ( 1 ) percent or more of the stock of the applicant, or is associated with the applicant in a joint venture, or is a party to an agreement with the applicant, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request - except (if any set forth details - see General Municipal Law Section 809) \_\_\_\_\_.
7. That in the event there is any change in the matters set forth herein prior to the issuance of a building permit or certificate of occupancy for the property affected hereby, deponent (s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
 (signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

(Rev. 07/11/2017)

**PRIOR APPLICATION AFFIDAVIT**

STATE OF NEW YORK }

SS.

COUNTY OF NASSAU }

\_\_\_\_\_, being duly sworn, deposes and says  
 (Name of Applicant)

that he/she resides at \_\_\_\_\_  
 (Street)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 (Village) (State) (Zip Code)

and that he/she is the \_\_\_\_\_ of the premises  
 (Owner, Lessee, etc.)

located at \_\_\_\_\_

shown on the Nassau County Tax Map as SECTION \_\_\_\_\_  
 BLOCK \_\_\_\_\_, LOT \_\_\_\_\_

I/We do hereby affirm that there are/were no prior applications affecting this property made to the  
 Town Board of other agency having Jurisdiction except that:

(LIST ALL APPLICATION AND RESOLUTIONS)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attached hereto are copies of these Applications and/or Resolutions listed above.

Sworn to before me this \_\_\_\_\_ (Signature)

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_



## Nassau County Department of Assessment

240 Old Country Road, 4th Floor  
Mineola, New York 11501  
(516) 571-3670 Fax (516) 571-0481  
E-Mail: DOARadiusMap@nassaucountyny.gov

### Radius Map Request Form

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Municipality: \_\_\_\_\_  
(Town/Village/City receiving Radius Map)

**NOTE:** Municipality Requirement sheet **MUST** be included with this request form in order for the radius map to be prepared.

#### Radius Map Pricing:

100' Radius Map (\$100.00) _____	400' Radius Map (\$250.00) _____
200' Radius Map (\$150.00) _____	500' Radius Map (\$300.00) _____
300' Radius Map (\$200.00) _____	Custom/Combo Map (TBD) _____

\*For a Double Radius Map, add \$50.00 to the higher Radius price. For a Triple Radius Map, add \$100.

Includes 10 copies of Radius Map with attached Owners List. Additional copies can be provided at \$5.00 per copy.  
Payment Due at the time of order. Radius maps must be ordered and picked up in person.

#### NOTES:

Signature of Applicant \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Print Name of Applicant \_\_\_\_\_

Contact E-Mail Address \_\_\_\_\_

Radius Property Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

<b>FOR INTERNAL USE ONLY</b>	
Amount:	_____
Received By:	_____
Date:	_____

Revised 9/12/14

Radius maps are to be folded in half \* then in half again with all information on the outside.



Sample

TOWN OF OYSTER BAY, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771
BOARD OF APPEALS
APPLICATION 624-6230

THESE SPACES FOR OFFICIAL USE ONLY

Table with 5 columns: APPLICATION NO., RECEIPT NO., DATE ADVERTISED, DATE OF MEETING, CASE NO.

PLEASE TYPEWRITE OR PRINT ALL INFORMATION IN INK

Form with 4 rows for APPELLANT'S NAME, STREET ADDRESS, POST OFFICE, ZIP CODE, TELEPHONE NO., and MAIL TO NOTICE.

SUBJECT: A variance to erect an attached garage with less than the required side yard.

LOCATION OF PROPERTY

Form with 2 rows: SIDE OF AND NAME OF STREET, DIRECTION FROM AND NAME OF NEAREST INTERSECTION, NO. OF FT. FROM Intersection, VILLAGE.

Form with 2 rows: SECTION, BLOCK, LOTS, ZONE, REASON FOR APPEAL TO CHANGE PRESENT STATUS.

AFFIDAVIT OF OWNERSHIP

5. COUNTY OF NASSAU )
STATE OF NEW YORK ) ss: John Public, being duly sworn, deposes and says that he resides at 100 Avenue B, Oyster Bay, New York...

SWORN BEFORE ME THIS 8th day of October 20 15

John Doe #1234567 NOTARY PUBLIC

John Public OWNER'S SIGNATURE

6. IS THE SUBJECT PROPERTY LOCATED WITHIN 500 FEET OF ANY STATE PARK OR PARKWAY? PURSUANT TO TOWN LAW 67.SUB 5.)

THESE SPACES FOR OFFICE USE ONLY

7. TYPE OF VARIANCE
REJECTED FOR ARTICLE SECTION FEE \$
PREVIOUS BOARD OF APPEALS CASE NO. TYPE OF APPLICATION DATE REJECTED BY BUILDING DEPT. MANAGER





**Town of Oyster Bay**  
 Department of Planning and Development  
 Town Hall – 74 Audrey Avenue  
 Oyster Bay, New York 11771  
 (516) 624-6200  
 FAX (516) 624-6240  
 www.oysterbaytown.com

ELIZABETH L. MACCARONE  
 COMMISSIONER

TIMOTHY R. ZIKE  
 DEPUTY COMMISSIONER

**APPLICANT'S DISCLOSURE AFFIDAVIT**

PREMISES: \_\_\_\_\_

STATE OF NEW YORK )

ss.

COUNTY OF )

John Public being duly sworn, deposes and says:

1. That I am 21+ (age), and reside at (address) \_\_\_\_\_.
2. That I am the (owner, lessee, etc.) \_\_\_\_\_ of property which is the subject Matter of this application and am familiar with all the facts and circumstances hereinafter set forth.
3. That the following are the names, addresses and interests, respectively, of all partners (joint venturers, etc.) \_\_\_\_\_.
4. That there are no encumbrances or holders of any instruments creating and encumbrance upon the subject property – except: (if any, set forth details) \_\_\_\_\_.
5. That neither deponent nor any other person mentioned in this affidavit is an officer or Employee, or is related to an officer or employee of the Town of Oyster Bay – except: (if any, set forth details) \_\_\_\_\_.
6. That no officer of the State of New York, or officer or employee of the Town of Oyster Bay, or Nassau County, or person holding any position or office, whether by election, appointment or otherwise, in any party as defined by subdivision 4 of Section 2 of the Election Law, or his spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them, is the applicant, or any officer, director or partner, member or employee of the applicant, or legally or beneficially owns or controls one ( 1 ) percent or more of the stock of the applicant, or is associated with the applicant in a joint venture, or is a party to an agreement with the applicant, expressed or implied, whereby he may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application, petition or request - except (if any set forth details - see General Municipal Law Section 809) \_\_\_\_\_.
7. That in the event there is any change in the matters set forth herein prior to the issuance of a building permit or certificate of occupancy for the property affected hereby, deponent (s) will file with the Town of Oyster Bay a supplemental affidavit indicating the details of such change within 48 hours of such change.

\_\_\_\_\_  
 (signed)

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 NOTARY PUBLIC

(Rev. 07/11/2017)

PRIOR APPLICATION AFFIDAVIT

STATE OF NEW YORK }  
COUNTY OF NASSAU } SS.

John Public  
(Name of Applicant)

, being duly sworn, deposes and says

that he/she resides at 100 Avenue B  
(Street)

Oyster Bay  
(Village)

New York  
(State)

11771  
(Zip Code)

and that he/she is the Owner  
(Owner, Lessee, etc.) of the premises

located at 100 Avenue B

Oyster Bay, New York 11771

shown on the Nassau County Tax Map as SECTION 27

BLOCK C, LOT 25

I/We do hereby affirm that there are/were no prior applications affecting this property made to the Town Board of other agency having Jurisdiction except that:

(LIST ALL APPLICATION AND RESOLUTIONS)

List prior <sup>ONLY</sup> variances here and attach  
copies of the Decision(s).

Attached hereto are copies of these Applications and/or Resolutions listed above.

Sworn to before me this (Notary)

John Public  
(Signature)

day of \_\_\_\_\_, 20 \_\_\_\_\_



Town of Oyster Bay

Zoning Board of Appeals

TOWN HALL, AUDREY AVENUE, OYSTER BAY, NEW YORK 11771-1592 - TELEPHONE: (516) 624-6232 - FAX: (516) 624-6149

ARLENE VAN LOAN, *Chairwoman* - SUSAN CLONINGER - LOIS SCHMITT - LEWIS J. YEVOLI  
RITA BYRNE - KATHLEEN MULLIGAN - ELISABETTA TREDICI, *Counsel*

**NOTICE TO OWNERS AND OCCUPANTS OF SURROUNDING PROPERTIES**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yellow

PLEASE TAKE NOTICE that the Town of Oyster Bay Zoning Board of Appeals will hold a public hearing in the Town Hall (East Building) Meeting Room, Audrey Avenue, Oyster Bay, New York, at 7:00 P.M., to consider the following appeal:

-----  
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This notice is sent to you in accordance with the rules of the Town of Oyster Bay Zoning Board of Appeals, which require the applicant to notify the owners and occupants of all properties located within a radius of 100 feet of the subject premises, with regard to the subject application.

Signed John Public Dated \_\_\_\_\_ 20\_\_\_\_  
(The date Certified Mailed)

A COPY OF THIS NOTICE MUST BE MAILED BY THE APPLICANT OR HIS REPRESENTATIVE TO OWNERS & OCCUPANTS OF SURROUNDING PROPERTIES, AT LEAST TEN (10) DAYS IN ADVANCE OF THE SCHEDULED HEARING DATE. THE ORIGINAL (YELLOW) NOTICE MUST BE FILED WITH THE OFFICE OF THE ZONING BOARD OF APPEALS, BY THE APPLICANT OR HIS REPRESENTATIVE, AT LEAST TWO (2) DAYS IN ADVANCE OF THE SCHEDULED HEARING DATE.

**FILES ARE NOT AVAILABLE FOR REVIEW ON THE DAY OF THE SCHEDULED PUBLIC HEARING.**

15-17 days prior to hearing this letter (yellow) will be mailed to the person doing the mailing to neighbors. Do not wait for all green Certified Cards to come back. Return any received with this letter and Mailing Affidavit to the ZBA office. Bring additional cards received to the hearing. Do Not wait for Green Cards



# Nassau County Department of Assessment

240 Old Country Road, 4th Floor  
Mineola, New York 11501  
(516) 571-3670 Fax (516) 571-0481  
E-Mail: DOARadiusMap@nassaucountyny.gov

## Radius Map Request Form

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Municipality: \_\_\_\_\_  
(Town/Village/City receiving Radius Map)

**NOTE:** Municipality Requirement sheet **MUST** be included with this request form in order for the radius map to be prepared.

### Radius Map Pricing:

100' Radius Map (\$100.00) _____	400' Radius Map (\$250.00) _____
200' Radius Map (\$150.00) _____	500' Radius Map (\$300.00) _____
300' Radius Map (\$200.00) _____	Custom/Combo Map (TBD) _____

\*For a Double Radius Map, add \$50.00 to the higher Radius price. For a Triple Radius Map, add \$100.

Includes 10 copies of Radius Map with attached Owners List. Additional copies can be provided at \$5.00 per copy.  
Payment Due at the time of order. Radius maps must be ordered and picked up in person.

**NOTES:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Contact E-Mail Address

\_\_\_\_\_  
Radius Property Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Zip Code

<b>FOR INTERNAL USE ONLY</b>	
Amount:	_____
Received By:	_____
Date:	_____

Sample  
Radius Map

