



*Town of Riverhead*  
**Zoning Board of Appeals**  
200 Howell Avenue  
Riverhead, New York 11901  
(631) 727-3200 x 240 Fax: (631) 208-8039  
email: fuentes@riverheadli.com

ZONING BOARD OF APPEALS MEMBERS:

Fred J. Mc Laughlin - Chairman  
Brenda Prusinowski – Vice Chairman Charles Sclafani Otto Wittmeier Rose Sanders

**Requirements for Filing a Zoning Board of Appeals Application**

1. **Zoning Board Application** – Signed by owner and notarized (If owner is not available a notarized affidavit may be submitted authorizing you to sign the form.) **APPLICATION MUST BE FULLY COMPLETED**
2. **Building Permit Application** – Signed and notarized. (If application is a result of a Planning Board subdivision there is no Building Permit Application required, however, a copy of The Planning Board Resolution must be submitted.)
3. **Disclosure Affidavit** – Affidavit needs to be signed and notarized.
4. **Environmental Assessment Form** – (Attached)
5. **Proof of Single and Separate Ownership** (When required by the Zoning Board of Appeals) – This applies only to new construction on vacant land. (Title Search is an example of proof of single and separate ownership.)
6. **Fee** - \$150.00 for Residential, \$500.00 for commercial.
7. If applicable, a copy of the approval from the New York State Department of Environmental Conservation if it is within 300 feet of tidal or fresh water wetland designation or a copy of the letter of review by the Riverhead Conservation Advisory Council if it is within 150 feet of tidal or fresh water wetland designation.
8. **Eleven (11) surveys bearing the original surveyor's seal and signature. All surveys must be originals, no photocopies! The surveyor must plot all structural dimensions and all yard distances on the survey.** Eleven (11) surveys bearing the original surveyor's seal and signature if it is within 500 feet of State or County owned land, or adjacent townships. Twelve (12) surveys bearing the original surveyor's seal and signature if it is within the designated Pine Barrens. **All dimensions from structure's on the property to lot lines & lot coverage, must be plotted by the surveyor onto the survey.**

***THE ZONING BOARD OF APPEALS MEETS TWICE A MONTH (THE SECOND AND FOURTH THURSDAY OF EVERY MONTH). SCHEDULING OF APPEALS WILL BE ON THE FIRST AVAILABLE HEARING DATE.***

**\*\*\*\*\*Pick up poster in Planning Department office\*\*\*\*\***

The code of the Town of Riverhead requires that all parcels, plats, lots, or premises for which a variance, special exception or use variance is sought must bear an official notice of that fact. The notice, which will be supplied by the Town of Riverhead, must show the date, place and time of the public hearing or any adjournment thereof, and must be displayed for at least seven (7) days immediately prior to said hearing or adjournment. It shall be located not more than ten (10) feet from the front property line and not more than four (4) feet above ground level with an unobstructed view. You will be notified when the hearing date and time are set and should then obtain the official notice from the Planning Department office in the Town Hall. Further, the applicant shall send notice to the owners of record of every property which abuts, and to the owners of record of every property on any public or private street which is across from the property that is the subject of the application. Such notice shall be made by certified mail, return receipt requested, posted at least seven days prior to the date of the initial public hearing on the application and addressed to the owners at the physical mailing addresses listed for them on the local assessment roll in the Assessor's office. The applicant or agent shall file an affidavit that he or she has complied with all the provisions of this section and shall also provide a listing of the names, addresses and tax map numbers for the notice by mail and proof of mailing. No public hearing shall be held unless such affidavit and proof of mailing has been received.

**TOWN OF RIVERHEAD**  
**COUNTY OF SUFFOLK, STATE OF NEW YORK**

200 Howell Avenue  
Riverhead, NY 11901  
631-727-3200, x240

**APPLICATION TO THE ZONING BOARD OF APPEALS**

Please see separate sheet for instructions. Original copies only. Faxed, photo or email copies are not acceptable.

( for official use only )

**ZBA Case #:** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

SCTM: 0600 - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**THE FOLLOWING SECTIONS ARE TO BE COMPLETED BY APPLICANT. ALL QUESTIONS MUST BE ANSWERED. NO APPLICATION SHALL BE DEEMED FILED UNTIL DETERMINED TO BE COMPLETE AND A RECEIPT OF APPLICATION IS RETURNED TO APPLICANT.**

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**APPLICANT/OWNER INFORMATION**

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

**Applicant's standing:**

\_\_\_ Owner \_\_\_ Contract Vendee \_\_\_ Lessee \_\_\_ Contract Lessee \_\_\_ Adjoining property owner or other  
aggrieved person  
\_\_\_ of the subject parcel \_\_\_ of an affected parcel

Representative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**If Owner or Applicant is not an individual, please list the names and addresses of the principals of the owner or applicant business entities:**

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**SUBJECT PROPERTY INFORMATION**

Tax Map No.: \_\_\_\_\_ Size of subject property ( sq. ft. ): \_\_\_\_\_

Physical address of subject property: \_\_\_\_\_

Nearest intersection to subject property: \_\_\_\_\_

Current use of property: \_\_\_\_\_

Zoning district in which the subject property is located: \_\_\_\_\_

Is the property in single and separate ownership from all adjoining properties?

(a) If yes, since what date \_\_\_\_\_

(b) If no, what adjoining property is held by the same owner? \_\_\_\_\_

(c) A single and separate search is enclosed herewith: \_\_\_ Yes \_\_\_ No

Is there a certificate of occupancy for all of the structures on the subject property \_\_\_ Yes \_\_\_ No

If Yes, Please attach. If no, please explain:

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Is the subject property located within 500' of any of the following?

\_\_\_\_\_ The boundary of any city, village or town (if yes, indicate which Town or Village:(\_\_\_\_\_))

\_\_\_\_\_ The boundary of any existing or proposed county or state park or any other recreation area

\_\_\_\_\_ The right-of-way of any existing or proposed county or state parkway, thruway, expressway, road or highway

\_\_\_\_\_ The existing or proposed right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines

\_\_\_\_\_ The existing or proposed boundary of any county or state owned land on which a public building or institution is situated

\_\_\_\_\_ The boundary of a farm operation located in an agricultural district, as defined by article twenty-five-AA of the agriculture and markets law, except this subparagraph shall not apply to the granting of area variances.

Has a variance or special exception use ever been applied for on this property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate the Zoning Board of Appeals number, date of decision and attach copies of all decisions

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Has any land use application for the subject property ever been made to any of the following boards?

Town Board \_\_\_\_\_ Yes \_\_\_\_\_ No

Planning Board \_\_\_\_\_ Yes \_\_\_\_\_ No

Accessory Apartment Review Board \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain the nature of the application and the disposition thereof and attach copies of all decisions if available

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Please provide driving directions to the subject property from Riverhead Town Hall ( You may attach mapquest directions or other similar computer generated directions):

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**NATURE OF RELIEF BEING SOUGHT:**

What are you proposing to build, alter or maintain? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of Application (check all that apply):

- Area Variance (e.g. setback, height, frontage, etc.)       Special Exception
- Use Variance (e.g. retail in residence district)       Variance of §280A requirements
- Interpretation of Zoning Ordinance       Other { Please explain below }

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

Reason for application (*Attach additional sheets if necessary*):

(a) A VARIANCE of Chapter \_\_\_\_ Section \_\_\_\_ Subsection \_\_\_\_ of the Zoning Ordinance is requested to

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

(b) A SPECIAL EXCEPTION under the Zoning Ordinance is requested pursuant to the §\_\_\_\_ Zoning Code to

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

(c) INTERPRETATION: I believe that under the Zoning Ordinance, the Town was in error in (circle one) denying/issuing a permit because:

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

(d) OTHER: I believe that under the Zoning Ordinance:

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

**Area Variance Considerations** (Please explain. Attach additional sheets if necessary):

1. The variance (circle one) would / would not produce an impact on adjacent properties or the neighborhood because:

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2. The variance(s) sought (circle one) is / is not substantial because:

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3. The benefit sought by Applicant (circle one) can / cannot be achieved by some alternative means because:

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4. The variance(s) (circle one) would / would not cause an adverse effect on the environment because:

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5. The difficulty (circle one) was / was not self-created because:

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**Use Variance Considerations** (Please explain. Attach additional sheets if necessary):

1. The applicant (circle one) can / cannot realize a reasonable return for each of the permitted uses in the zoning district in which the subject property is located, provided that lack of return is substantial as demonstrated by the enclosed competent financial evidence:

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2. The alleged hardship relating to the property (circle one) is / is not unique, and (circle one) does / does not apply to a substantial portion of the district or neighborhood:

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3. The use variance, if granted, (circle one) would / would not alter the essential character of the neighborhood:

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4. The alleged hardship (circle one) was / was not self created:

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**OWNER'S ENDORSEMENT  
(Individual)**

COUNTY OF SUFFOLK  
STATE OF NEW YORK

\_\_\_\_\_ being duly sworn, deposes and says that I reside at \_\_\_\_\_  
\_\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_  
\_\_\_\_\_ and that I am the owner in fee of the premises described in the foregoing application approval as  
described herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

Sworn to before me this

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

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County

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**OWNER'S ENDORSEMENT  
(Business Entity)**

COUNTY OF SUFFOLK  
STATE OF NEW YORK

\_\_\_\_\_ being duly sworn, deposes and says that I reside at \_\_\_\_\_  
\_\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_  
\_\_\_\_\_ and that I am the \_\_\_\_\_ of the \_\_\_\_\_ Corporation, which is the  
owner in fee of the premises described in the foregoing application and that I have authorized by \_\_\_\_\_  
\_\_\_\_\_ to make the foregoing application approval as described herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

Sworn to before me this

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

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County

**APPLICANT – REPRESENTATIVE AFFIDAVIT**

STATE OF NEW YORK  
COUNTY OF SUFFOLK

\_\_\_\_\_ being duly sworn, deposed and says I am the owner, representative for owner, applicant or representative for the applicant of the property above described. That all statements made in this application are true to the best of my knowledge and belief, except as to the matter therein stated to be alleged on information and belief and as to the matters I believe the same to be true.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

Sworn to before me this

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

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County

PROJECT I.D. NUMBER

SEQR

617.21
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I – Project Information (To be complete by Applicant or Project sponsor)

1. Applicant / Sponsor

2. Project Name

[Empty box for Applicant / Sponsor and Project Name]

3. Project location: Municipality

County

[Empty box for Municipality and County]

4. Precise location (Street address and road intersections, prominent landmarks, etc. or provide map)

[Empty box for Precise location]

5. Is proposed action:

( ) NEW ( ) EXPANSION ( ) MODIFICATION / ALTERATION

6. Describe project briefly:

[Empty box for Describe project briefly]

7. Amount of land affected:

Initially: acres ; Ultimately: acres

8. Will proposed action comply with existing or other existing land use restrictions: ( ) YES ( ) NO If No, describe briefly:

[Empty box for Will proposed action comply with existing or other existing land use restrictions]

9. What is present land use in vicinity of project: (describe):

( ) Residential ( ) Industrial ( ) Commercial ( ) Agricultural ( ) Park/Forest/Open Space ( ) Other

10. Does action involve a permit approval or funding, now or ultimately from any other Governmental agency,(Federal, State or Local) ?

( ) YES ( ) NO If Yes, list agency(s) and permit/approvals:

[Empty box for Does action involve a permit approval or funding]

11. Does any aspect of the action have a currently valid permit or approval?

( ) YES ( ) NO If Yes, list agency(s) and permit/approvals:

[Empty box for Does any aspect of the action have a currently valid permit or approval]

12. As a result of proposed action, will existing permit/approval require modification?

( ) YES ( ) NO If Yes, list agency(s) and permit/approvals:

[Empty box for As a result of proposed action, will existing permit/approval require modification]

I certify that the information provided above is true to the best of my knowledge

Applicant / Sponsor Name: Date:

Signature:

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment