

**Zoning Board of Appeals  
Town of Islip**  
40 Nassau Avenue, Suite 1  
Islip, NY 11751  
(631) 224-5489

**DOCUMENTS AND FORMS REQUIRED FOR ACCESSORY APARTMENT  
APPLICATION**

THE BOARD OF APPEALS WILL NOT ACCEPT AN APPLICATION FOR FILING UNLESS THE APPLICATION IS COMPLETE

**ZBA Application** (Adjoining property owners' names and addresses are on file with the Town Assessor's Office at 40 Nassau Avenue, Islip)

**Disclosure Affidavit** Must be signed by all title owners and each signature notarized. If property is under contract of sale this form must be submitted by the Owner and the Contract Vendee. If held in trust, we need to see a copy of trust to determine the Trustee. Disclosure Affidavit must be signed by trustee (or co-trustees) and all beneficiaries. If property owned by a corporation, affidavit must be signed by a corporate officer.

**Affidavit of Residency** signed and notarized

**Inspection & Fee Payment Affidavit** signed and notarized

**Compliance Affidavit** Signed and notarized

**Copy of the Tax Map** On file at the Assessor's Office: 40 Nassau Avenue, Islip

**Original Survey** Not older than two (2) years with eight (8) photocopies to scale. All photocopies of surveys provided must indicate the feature(s) of the application by clearly labeling and outlining the structures to be considered. Please draw all proposed structures to scale and in the correct location.

**Floor Plan** showing layout, dimensions, fixed structures (doors, plumbing, large appliances) and location of all entrances of principal dwelling and accessory apartment

**Zoning Denial & Square Footage Calculation of Apartment** Required to be countersigned by a Zoning Inspector and the applicant or representative before an application can be filed in the Zoning Board of Appeals (Call 631- 224-5438 for appointment)

**Driveway Review & Approval** Engineering Department must approve driveway before application pursuant to Section 68-612 of Accessory Apartment Ordinance

**Photographs of Site** indicating all four sides of the house, the parking area, the interior of the proposed apartment, and garage.

**Certificate of Occupancy or Compliance** (on file at Records Department within the Building Division at 1 Manitton Court, Islip)

**Recorded Photocopy of Deed** Additionally, if the applicant is a contract vendee or tenant, we need a contract or lease to the subject property

**Tax Bill** Copy of current bill for subject property

**NY State Driver's License** of all Title owners

**Filing Fee** \$ 300.00 (Cash or Check) Checks are payable to the "Town of Islip"

RULE ADOPTED BY THE TOWN OF ISLIP BOARD OF APPEALS. APRIL 21. 1981 If a prior application was DENIED, a new application cannot be accepted by the Board of Appeals unless there is substantial change in such application and permission is granted by the Board after submission of letter setting forth any new evidence which might indicate such substantial change or unless directed by a Court of competent Jurisdiction (Revised 3/18/11)



**TOWN OF ISLIP ZONING BOARD OF APPEALS**  
**APPLICATION TO APPEAR BEFORE THE BOARD OF APPEALS**

**A PERMIT MUST BE OBTAINED BEFORE BEGINNING WORK**

**OFFICE USE ONLY**

**Application Information**

**TYPE OF APPLICATION:**

- Variance or Special Exception
- Appeal of the Building Inspectors Denial or Directive from other Town Agency

B/A #: \_\_\_\_\_  
 T.M. #: \_\_\_\_\_  
 Filed: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Public Hearing Date: \_\_\_\_\_  
 S.C. Notified: \_\_\_\_\_ F.I. Nat Sea: \_\_\_\_\_  
 Zoning District: \_\_\_\_\_  
 Granted: \_\_\_\_\_  
 Expires: \_\_\_\_\_  
 Denied: \_\_\_\_\_  
 Dec. filed with Town Clerk: \_\_\_\_\_  
 Secretary: \_\_\_\_\_

**Owner(s) Information**

**Applicant/Representative Information**

\_\_\_\_\_  
Name  
 \_\_\_\_\_  
Street No.      Street Name  
 \_\_\_\_\_  
City/Town      State/Zip  
 \_\_\_\_\_  
Telephone Number      Email

\_\_\_\_\_  
Name  
 \_\_\_\_\_  
Street No.      Street Name  
 \_\_\_\_\_  
City/Town      State/Zip  
 \_\_\_\_\_  
Telephone Number      Email

**REQUEST BEING SOUGHT:**

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

**Surrounding Property Owner Information**

**ADDRESS OF OWNER DIRECTLY:**

North: \_\_\_\_\_  
 East: \_\_\_\_\_  
 South: \_\_\_\_\_  
 West: \_\_\_\_\_

Sworn to me before this

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Owner Signature      Date

\_\_\_\_\_  
Additional Owner/Applicant Signature      Date

\_\_\_\_\_  
Home Telephone Number      Business Telephone Number

# Disclosure Affidavit

Application of: \_\_\_\_\_

Location of Property: \_\_\_\_\_ Tax Map No. 0500 \_\_\_\_\_

\* Cross out phrase where it is not appropriate

STATE OF NEW YORK)

:SS.:

COUNTY OF SUFFOLK)

That in connection with the above captioned application to the Zoning Board of Appeals I, \_\_\_\_\_ the \*(applicant herein), (an officer or agent of the corporate applicant, namely its \_\_\_\_\_), swear or affirm under the penalties of perjury, that no other person will have any direct or indirect interest in this application except \_\_\_\_\_

(in case of corporations, all officers of the corporations and stockholders owning more than 5% of the corporation stock must be listed. Attach separate sheet if necessary)

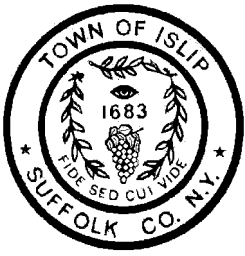
That \*(I am not) (none of the officers or stock holders are) related to any officer or employee of the Town of Islip, except \_\_\_\_\_

That there is not any state or local officer or employee, a member of a board of commissioners of local public authorities or other corporation within the county (exclusive of a volunteer fireman or civil defense volunteer) interested in such application, except \_\_\_\_\_

Signature of Applicant(s) \_\_\_\_\_ Date: \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public



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**Affidavit of Residency**

I, \_\_\_\_\_ being duly sworn proposes and say that I reside  
at \_\_\_\_\_ and that I have resided there continuously since  
\_\_\_\_\_.

(Date)

This Affidavit of Residency is being submitted to the Town of Islip knowing that they will rely upon the same  
for the purpose of hearing an accessory apartment application for a second apartment in my residence at  
\_\_\_\_\_.

This is my primary residence (and that I spend at least nine months out of the year residing at this residence).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Telephone # \_\_\_\_\_

Sworn to me before this date

\_\_\_\_\_

(Notary)

TOWN OF ISLIP, BOARD OF APPEALS  
INSPECTION AND FEE PAYMENT AFFIDAVIT

I, \_\_\_\_\_,  
residing at \_\_\_\_\_, the  
undersigned applicant and owner of the subject premises, in consideration for the granting of  
permission for an Accessory Apartment, consent to periodic inspections of the subject premises  
during reasonable hours so that it may be determined that the premises remain in substantial  
compliance with the representations set forth in the application herein, and which were relied upon  
by the Town of Islip in granting the temporary Accessory Apartment permit.

I further agree that consent shall be binding upon my agents, heirs, executors,  
administrators, assigns and successors in interest and that any tenancies that I may grant shall be  
subject to such inspection, and that the number of tenants in said apartment shall not exceed one  
person per one hundred square feet.

I understand that pursuant to Section 68-615 (B) of the Town Code, the accessory  
apartment use and permit shall terminate upon the death of the applicant or the survivor of the  
applicant, upon the transfer of title to said premises, upon the applicant no longer occupying the  
premises as their principal residence or upon conviction for violation of this section.

I further agree that if upon a revocation of the Accessory Apartment Permit, that an  
inspection by an official of the Town of Islip determines that compliance with the Accessory  
Apartment Ordinance by means of its removal has not occurred, that owner will be given notice in  
writing to remove said apartment within sixty days, and that the applicant consents and  
understands, that at the expiration of said sixty days, that the Town reserves the right to assign a  
qualified contractor to remove the apartment, and that the cost of this work shall be added to the  
tax roll of this property as a special assessment.

I further consent that if I refuse to permit this work to be done, to an assessment of ten dollars per day that shall be added to the tax roll of this property as a special assessment for as long as any violations of this ordinance continues.

I further agree that in the event the invoice for the annual fee levied for the accessory apartment is not paid to the Town of Islip when due, the original amount plus a late interest fee of one and one-half percent (1.5%) per month on uncollected amounts shall be added to the invoice. On September 1, any outstanding balance that is delinquent for more than ninety (90) days will incur to the December tax bill, with an additional penalty of fifty dollars (\$50.00).

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Sworn to me before this date

\_\_\_\_\_

(Notary)

**COMPLIANCE AFFIDAVIT**

STATE OF NEW YORK)

SS:

COUNTY OF SUFFOLK)

I, \_\_\_\_\_  
being duly sworn, deposes and says that I reside at \_\_\_\_\_  
\_\_\_\_\_ the Town of Islip , in the County of Suffolk,  
and the State of New York , and that I am the owner in fee of the premises described in the  
foregoing petition and that I have read the foregoing application and know the contents thereof:  
that the same is true to their knowledge; and that I make the foregoing petition for special  
exception for temporary Accessory Apartment and further that I will obtain a building permit and  
a change of use permit within ninety (90) days after approval by the Board of Appeals.  
Furthermore, I will comply with all New York State Building Code Requirements and Town of  
Islip Requirements pertaining to Temporary Special Permits for Accessory Apartments and will I  
obtain Certificate of Compliance within one-hundred eighty (180) days of the granting of the  
permit or the permit will become null and void.

Signature: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

Sworn to me before this date

\_\_\_\_\_

(Notary)



**CALCUATION of APARTMENT**

Tax Map Number: \_\_\_\_\_

Number of cars in use by all people living on site \_\_\_\_\_

Does this application involve an expansion of the dwelling \_\_\_\_\_

Number of Bedrooms in Apartment \_\_\_\_\_

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**BELOW IS FOR OFFICE USE ONLY**

Apartment Size: \_\_\_\_\_

Size of Parcel: \_\_\_\_\_ Sq. Ft.      Width of Lot \_\_\_\_\_ Ft.

Total Floor Area of Dwelling: \_\_\_\_\_ Sq. Ft.

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INSPECTOR: \_\_\_\_\_

APPLICANT: \_\_\_\_\_

RECEIVED STAMP

SCTM# \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

## ACCESSORY APARTMENT DRIVEWAY REVIEW

Provide this form, **one photocopy of your recent survey, and a copy of your Certificate of Occupancy** to the Engineering Department for a review and determination of existing driveway pursuant to Section 68-612 of the Accessory Apartment Ordinance.

NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

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### BELOW IS FOR OFFICE USE ONLY

\_\_\_\_\_ Driveway complies

\_\_\_\_\_ Driveway is legal nonconforming (predates current code)

\_\_\_\_\_ Driveway can be modified to comply (see attached) **NOTE\*\*DRIVEWAY MUST EXIST BEFORE APPLICATION CAN BE ACCEPTED**

\_\_\_\_\_ Driveway Denied for the following reason(s)

\_\_\_\_\_ Driveway cannot be modified to comply

\_\_\_\_\_ Driveway has excessive width

\_\_\_\_\_ More than one driveway exists

## REQUIREMENTS FOR ACCESSORY APARTMENTS

1. **Section 713.2(a)** The main entrance door shall be 36" wide.
2. **Section 713.2(a)** Door intended for passage shall not be less than 6 feet 8 inches in height.
3. **Section 712.1(a)** Natural light shall be provided in each habitable room. The glass area must be at least 8% of the floor area in each habitable room.
4. **Section 712.1(b)** Natural ventilation shall be provided in each habitable room. The open window area must be 4% of the floor area in each habitable room.
5. **Section 714.1** In addition to the primary exit from a recreation room or a habitable room, there shall be provided in each such space at least one opening for emergency use. Such opening shall have minimum area of four square feet with a minimum dimension of 18 inches.
  - (a) The bottom of openings no higher than 3' 6" above the finished floor in all above grade stories
  - (b) The bottom of openings no higher than 4' 6" above the finished floor in basement or cellars.
6. **Section 717.3(a)** Separation between dwelling units shall have a fire resistance rating of at least 3/4 hours.
7. **Section 717.3(e)** The boiler room shall be enclosed with a 3/4 fire rating.
  - (a) The boiler room must be provided with an outside source of fresh air or a window. One square inch per 2000 B.T.U.
  - (b) Bathroom must be provided with a window or install mechanical ventilation.
  - (c) Must install mechanical ventilation at the range in the kitchen.
  - (d) Each floor level shall have a hand wired electrical smoke detector located near the bedroom areas that are connected together so that if one goes off it activates the other detectors.
  - (e) All stairs shall have handrails.
  - (f) Must comply with the N.Y.S. Uniform Fire Prevention and Building Code in all other requirements.