

ZONING BOARD OF APPEALS OF THE
INCORPORATED VILLAGE OF ATLANTIC BEACH
65 THE PLAZA
ATLANTIC BEACH, New York 11509
516-371-4600 plaza65buildings@aol.com

VARIANCE APPLICATION

This application must be typewritten or written legibly and one original and seven copies must be filed, accompanied by necessary documentation

Name of Applicant(s): _____

Location of Subject Premises: _____
Atlantic Beach, New York 11509

Section 58 Block (s) _____ Lot (s) _____ Zoning district _____ Flood Zone _____

This application relates to:
Area variance _____ Use variance _____ Both _____ Special exemption _____ Subdivision _____

Describe the project you are seeking relief for: _____

AFFIDAVIT OF PROPERTY OWNER

State of New York
County of Nassau SS:

_____, Being duly sworn, deposes and says: that he/she is the owner of the property above described. That all statements made in the application are true to the best of my knowledge and belief, except as to the matters herein stated to be alleged on information and belief, and as to those matters I believe them to be true and that he/she hereby authorizes, _____, APPLICANT to make application in his/her behalf. By this application I hereby authorize employees or agents of the Village of Atlantic Beach, in conjunction with this application, to enter and inspect the project site as necessary.

Sworn to before me this _____ day of _____

Notary Public, State of New York

Print name

Signature

AFFIDAVIT OF APPLICANT
(If NOT THE OWNER)

State of New York
County of Nassau SS:

_____, Being duly sworn, deposes and says: that he/she resides at _____, in the State of _____ and that he/she is authorized by the Owner _____ to make application and that all statements contained therein are true to deponent's own knowledge.

Sworn to before me this _____ day of _____

Notary Public, State of New York

Print name

Signature