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

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: _____

Application Information

TYPE OF APPLICATION:

☐ Variance or Special Exception

☐ Appeal of the Building Inspectors Denial or Directive from other Town Agency

Owner(s) Information

Name

Street No. Street Name

City/Town State/Zip

Telephone Number

Applicant/Representative Information

Name

Street No. Street Name

City/Town State/Zip

Telephone Number

REQUEST BEING SOUGHT: _____

Surrounding Property Owner Information

NAME AND 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*