



Village of Head of the Harbor
500 North Country Rd., St., James, NY 11780

Application for Change of Zone

TO: Board of Trustees Date: _____

I (We) _____
(name of Applicant)

Owner(s) of _____
(insert complete address of property)

Bearing Suffolk County Tax Map Number:

0801 Section: _____ Block: _____ Lot: _____

Apply for a change of zone from Zoning District classification _____ to Zoning District classification _____.

State in factual terms the exact manner in which the premises is now used and improved and the exact manner in which the premises will be used and improved if this application is heard and approved.

This application is submitted as follows (initial each, as applicable):

1. In eight (8) copies, inclusive of two (2) originals/____/
2. Notarized properly/____/
3. With eight (8) current accurate surveys a New York State licensed surveyor/____/
4. With a completed and executed Long Environmental Assessment Form Part 1/____/
5. With a copy of any Certificate of Occupancy for the subject premises...../____/
6. With a certified abstract of single and separate ownership for undersized parcels/____/
7. Applicant affirms that he/she will notify all properties within a two hundred (200') foot radius by Certified Mail with a Return Receipt. Notices must be mailed at least ten (10) days prior to scheduled hearing. Original receipts of the Certified Mailings must be submitted to Village Office with affidavit of service prior to any hearing, if any/____/
8. With the appropriate filing fee payable to "Village of Head-of-the-Harbor" (see Village Clerk)/____/

The undersigned acknowledges:

Any application not filled in properly or submitted without the necessary papers will not be processed until completed. The Board of Trustees reserves the right to request additional documentation and drawings, to condition relief on the filing of covenants and restrictions with the Suffolk County Clerk and in its sole discretion not to process or schedule any hearing on this application.

(Applicant's Signature)

