



# TOWN OF EAST HAMPTON

300 Pantigo Place – Suite 105  
East Hampton, New York 11937-2684

Zoning Board of Appeals

Telephone (631) 324-8816  
Fax (631) 324-1472

## NATURAL RESOURCES SPECIAL PERMIT & VARIANCE MODIFICATION APPLICATION

**INSTRUCTIONS:** Complete this form and submit it to the Zoning Board of Appeals with the required \$300 fee for a proposed change or \$600 for an existing change and four (4) prints of a survey and two (2) prints of floor and elevation plans (if applicable) that depict the proposed modification. The Board reserves the right to request additional information if necessary to properly evaluate this proposal. If additional information is required, you will be notified by mail.

**Note:** The modification of a Zoning Board determination is discretionary and fees are non-refundable once review has commenced. Modifications are generally for minor changes to already approved structures and not for new or enlarged structures.

### 1. APPROVED PROJECT INFORMATION AND LOCATION

Original Permit Name: \_\_\_\_\_

Original Permit Date: \_\_\_\_\_

House No: \_\_\_\_\_ Street: \_\_\_\_\_

Hamlet: \_\_\_\_\_ SCTM#: 300-\_\_\_\_\_

### 2. PROPOSED PROJECT INFORMATION

Survey Company & most recent revision date: \_\_\_\_\_

Name of Architect, date & number of pages of plans: \_\_\_\_\_

### 3. PURPOSE OF MODIFICATION

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

### 4. CONTACT INFORMATION (Where all correspondence is to be sent)

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

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

PHONE: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

**AUTHORIZATION**

I, the owner, hereby authorize the Planning Department and the Zoning Board to enter the subject parcel to review the pending application for modification of a Natural Resources Special Permit and/or Variance. Town employees are also authorized to enter the premises to ascertain compliance with zoning and other building laws, regulations and ordinances.

**(Note – Each person required to sign this statement must have his/her signature separately attested before a Notary Public. Use additional pages if necessary.)**

**ATTEST:**

STATE OF \_\_\_\_\_ )

SS.:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, deposes and says that the foregoing Statement of Disclosure of Interest is true and accurate to the best of his/her knowledge and belief; that all statements set forth in Part I of this Statement of Disclosure of Interest are true and accurate, except and to the extent that any contrary statements are set forth in Part II of this Statement; and that any such statements made in Part II of this Statement of Disclosure of Interest are true and accurate to the best of his/her knowledge and belief.

Signature:

\_\_\_\_\_

Name & Capacity:

\_\_\_\_\_

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

NOTARY PUBLIC