

**Application for Conditional Use to  
Town of Long Island Zoning Board of Appeals**

1. Name of Appellant: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Property Location/Address: \_\_\_\_\_ Lot # \_\_\_\_\_ Zone \_\_\_\_\_
4. Name of owner of property which is subject of Conditional Use: \_\_\_\_\_  
\_\_\_\_\_
5. Authorization of Conditional Uses listed in the Land Use Ordinances (Chapter 14), of the Town of Long Island. The undersigned believes that the following particular ordinance provision applies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained in this application is true to the best of my knowledge and belief.

Date: \_\_\_\_\_  
Signature of Appellant

**In addition, the following must be enclosed for this application to be complete:**

- \_\_\_\_\_ Proof that the Appellant has a legal interest in the property in question (copy of a deed, option, etc.)
- \_\_\_\_\_ Eight (8) Copies of application and all supporting documents.
- \_\_\_\_\_ A \$100.00 filing fee – check made payable to: Town of Long Island.

**Date that completed application was received:** \_\_\_\_\_

**Signed by the Zoning Board of Appeals Chairperson:** \_\_\_\_\_

cc: Long Island Code Enforcement Officer  
Long Island Board of Selectmen