



236 THIRD STREET  
GREENPORT, NY 11944

Tel: (631)477-0248  
Fax: (631)477-1877

villageofgreenport.org

**MAYOR**  
KEVIN STUESSI  
EXT 215

**TRUSTEES**  
MARY BESS PHILLIPS  
DEPUTY MAYOR

PATRICK BRENNAN  
LILY DOUGHERTY-JOHNSON

JULIA ROBINS

**TREASURER**  
ADAM BRAUTIGAM  
EXT. 217

**VILLAGE CLERK**  
CANDACE HALL  
EXT 214

## ZONING BOARD OF APPEALS NOTICE OF DISAPPROVAL

FROM: VILLAGE OF GREENPORT BUILDING DEPARTMENT

APPLICANT: JAMES KENNEDY

ADDRESS: 429 SIXTH STREET

SCTM: 1001-006-003-005

DATE: FEBRUARY 27, 2026

BUILDING FILE #25-033

The building permit application for **REAR ACCESSORY STRUCTURE HAS BEEN DENIED AS DRAWN** at the above-mentioned premises has been denied for the following reason:

- MAXIMUM HEIGHT ALLOWANCE PER CODE IS 15 FEET
- YOU'RE REQUESTING A HEIGHT OF 16' 3"
- THEREFORE YOU NEED A VARIANCE OF 1.3'

Regards,

George Pfriend  
Building Inspector

RECEIVED

FEB 27 2026

VILLAGE OF GREENPORT  
BUILDING DEPARTMENT

MBNOONE@Village of Greenport. Gov



# ZONING BOARD OF APPEALS APPLICATION

## AREA VARIANCE

236 Third Street, Greenport, New York, 11944

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RECEIVED

FEB 27 2026

Date of Application \_\_\_\_\_

VILLAGE OF GREENPORT  
BUILDING DEPARTMENT

All information below is to be completed by the applicant. This completed application is to be accompanied by a fee of \$100.00. If the application is disapproved, Copies of Covenants and/or Restrictions, where applicable, Environmental Assessment Form, building plans showing elevations, setbacks, floor plans, room dimensions, details of footings and foundation, and species of lumber and quality of material, where applicable.

### THE OWNER OF THE PROPERTY IS: (PLEASE PRINT CLEARLY)

JAMES JENNIFER KENNEDY  
First Name Last Name Business Name, if applicable

429 SIXTH STREET, GREENPORT NY 11944  
Mailing Address City/ Town/ Village State Zip

[REDACTED] @GMAIL.COM  
Phone # E-Mail Address

### CONTACT PERSON (if different from owner)

The person to receive all correspondence:

SAME  
First Name Last Name Business Name, if applicable

Mailing Address City/ Town/ Village State Zip

Phone # E-Mail Address

**IF ANYONE OTHER THAN THE OWNER COMPLETES THIS APPLICATION, WRITTEN CONSENT FROM THE OWNER MUST BE SUBMITTED WITH THIS APPLICATION.**

### Location:

Suffolk County Tax Map Number: 1001 Section: 006 Block: 03 Lot 05

Street Address: 429 SIXTH STREET Greenport, New York, 11944

Zoning District:  WC  R1  R2  PD  CR  CG

Is property located within the Historic District?  Yes  No



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The Code Official reviewed and denied an application dated \_\_\_\_\_ for a Building Permit for the location specified on this application.

**Provisions of the Zoning Code appealed:**

(Indicate Article, Section and Subsection of Zoning Code by numbers)

Article: \_\_\_\_\_ Section: 150 - \_\_\_\_\_ Subsection: \_\_\_\_\_

**Type of appeal made for:**

A Variance to the Zoning Code or Zoning Map.

An interpretation of the Village Code Article: \_\_\_\_\_ Section: \_\_\_\_\_ Subsection: \_\_\_\_\_

Has a prior appeal been made at any time with respect to this property?  Yes  No  I Don't Know

If yes, please provide the date appeal was made: \_\_\_\_\_.

**Project Description:**

**For Demolition of Existing Building Areas:**

Please describe area being removed:

ROOF, WALLS AND FOUNDATION OF EXISTING GARAGE IS IN DISREPAIR AND REMOVAL OF ENTIRE STRUCTURE IS PLANNED. NEW STRUCTURE WILL BE BUILT TO THE SAME "PLAN VIEW" DIMENSIONS AS THE EXISTING STRUCTURE.

**New Construction Areas (New Dwelling or New Addition/Extensions)**

- GARAGE.

Dimensions of First Floor (Addition/Extension): 494

Dimensions of Second Floor: NO SECOND FLOOR

Height (from finished grade to top of ridge): 16 - Feet, 6 - Inches

Is basement or lowest floor area being constructed?  Yes  No - SLAB ONLY

If yes, please provide height (above ground) measured from natural existing grade to first floor:

16 - Feet, 6 - Inches.



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#### **Project Description: (CONTINUED)**

#### **Proposed Construction Description: (Alteration or Structural Changes)**

Number of floors BEFORE alterations: ONE

Describe General Characteristics BEFORE alterations:

EXISTING TWO-CAR GARAGE WITH COVERED PORCH AREA.

Number of floors AFTER Alterations: ONE

Describe General Characteristics AFTER alterations:

NEW TWO-CAR GARAGE WITH COVERED PORCH AREA TO THE RIGHT (NORTH) WHEN LOOKING AT THE FRONT ELEVATION.

#### **Calculations of Building Areas and Lot Coverage:** - GARAGE ONLY

Existing Square Footage of Building(s) on this property: 494 SF

Proposed Increase in Building Coverage: 0 SF

Square Footage of this Lot: 7500 SF

Percentage of Coverage of this Lot by Building Area: 30 %

#### **Purpose of New Construction:**

Please describe: EXISTING GARAGE IS IN DISREPAIR AND ROOF IS ROTTED THROUGH. ORIGINAL CONSTRUCTION ON LEFT SIDE IS NOT BUILT TO PROPER STANDARDS. NEW FOUNDATION/SLAB, FRAMING, ROOFING AND SIDING TO MATCH NEWLY RENOVATED HOUSE.



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#### Area Variance Reasons for Appeal:

Please answer in detail. *Additional sheets may be submitted with preparers signature.*

**Will an undesirable change occur in the characteristics of the neighborhood or will a detriment to nearby properties be created by the granting of this area variance?**

No.

**Can the benefit sought by the Applicant be achieved by another method, feasible for the Applicant to pursue, other than an Area Variance?**

No.

**Is the requested Area Variance substantial?**

No. THE ONLY CHARACTERISTIC OF THE RENOVATION THAT TRIGGERS VARIANCE IS THE HEIGHT (PEAK) OF THE BUILDING.

**Will the requested Area Variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district?**

No.

**Was the alleged difficulty self-created, which consideration shall be relevant to the decision of the Zoning Board of Appeals, but shall not necessarily preclude the granting of the Area Variance?**

THE ARCHITECTURAL APPEARANCE OF THE NEW BUILDING IS ACHIEVED BY BUILDING WITH A HEIGHT OF 16 1/2 FEET.

**Are there Covenants or Restrictions concerning this land? [ ] Yes  No**

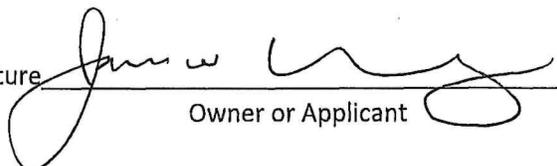
*If yes, please furnish copies.*

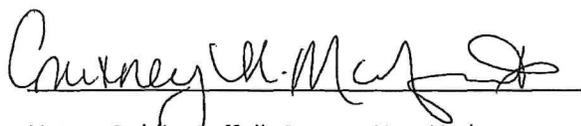
# AFFIDAVIT

Village of Greenport )  
Town of Southold )  
County of Suffolk ) ss  
State of New York )

I swear that to the best of my knowledge and belief that the statements contained in this application, together with the plans and specifications submitted, are true and complete statements of proposed work to be done on the described premises and that all provisions of the Building Code, Zoning Code, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work and inspections are authorized by the owner. The Village of Greenport is hereby granted permission to enter the property listed as the "Location" for the purposes of inspecting my property for a site visit. I understand that if approved, this Use Variance will be granted and accepted on condition that the provisions of Federal, State and Local rules and regulations, and any additional requirements of the Use Variance are complied with. Any violation of all applicable codes, or deviations from the approved plans may result in the immediate revocation of this Use Variance & legal action taken against me. No responsibility rests upon the Village of Greenport, Code Enforcement, the Fire Marshal or the Fire Department by reason of this application and permit.

Sworn to be before this 24<sup>TH</sup> day  
of FEBRUARY 20 26

Signature   
Owner or Applicant

  
Notary Public, Suffolk County, New York

