

**ZONING BOARD OF APPEALS
TOWN OF SAUGERTIES
4 HIGH STREET
SAUGERTIES, NY 12477**

Office Use Only:
File #:
Date:
Receipt #:

Application for AREA Variance - Zoning Board of Appeals

Action on this appeal shall be taken within 1 year from the date of the submission of said application or the appeal will be considered withdrawn.

Complete the following application and submit to the Building Department together with the requisite fee.

I (We), _____ residing at _____,
_____, hereby give notice of appeal from the decision
of the Building Inspector/Zoning Enforcement Officer made on the _____ day of _____,
20____, in refusing to issue a Building Permit on the grounds that the same would be in violation of Section
_____ of the Zoning Law of the Town of Saugerties.

A previous appeal HAS _____ HAS NOT _____ been made on this decision.

Premises located at _____

On a TOWN _____ COUNTY _____ STATE _____ or OTHER _____ Road

Said Property is in the Area of Saugerties Known As _____

Tax #/SBL # _____

Zoning District/Overlay District _____

Property Owner of Record _____

Telephone Number _____

E-Mail Address _____

I/WE REQUEST THAT THE DECISION BE REVERSED FOR THE FOLLOWING REASONS:

SUPPLY 2 COPIES, WITH LOCATOR MAPS, TO BUILDING DEPARTMENT

In making its determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determination the Board shall also consider:

1. whether an undesirable change will be produced in the character of the neighborhood, or a detriment to nearby properties will be created;
2. whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance;
3. whether the requested area variance is substantial;
4. whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and
5. whether the alleged difficulty was self-created.

When meeting with the Zoning Board of Appeals the applicant will be asked to answer questions relating to the five points listed above and other relevant facts in order to help the Board gather the information it needs in order to make a decision on the appeal.

CHARACTERISTICS OF PROPERTY

General _____

Unique _____

Setbacks

Current (F) _____ (B) _____ (S) _____ (S) _____

Proposed (F) _____ (B) _____ (S) _____ (S) _____

Current Use: _____

Proposed Use: _____

Size of Property _____

Size of Current Building _____

Size of Proposed Addition _____

Size of Proposed Finished Building _____

Additional Comments (Optional):

I hereby give permission to the Town of Saugerties Zoning Board of Appeals members to visit the site and conduct an onsite inspection. For applicants represented by their agent, the signature below consigns consent of representation.

I understand that an escrow may be required, at the discretion of the Board. This escrow will be used for reimbursement to the Town of services incurred by outside consultants/professionals during the review process.

•PLEASE NOTE YOU OR A REPRESENTATIVE NEEDS TO BE PRESENT AT THE NEXT REGULARLY SCHEDULED ZBA MEETING IN ORDER FOR APPLICATION TO BE CONSIDERED COMPLETE AND THE LEGALLY REQUIRED PUBLIC HEARING TO BE SCHEDULED

Applicant or Agent's Signature Telephone #

Sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission Expires: _____

FOR ZBA USE ONLY

SEQRA _____ **DATE** _____