

Tax Map No: _____ Application No: _____ Fee: \$50.00

Property Owner: _____ Phone No: _____

Address: _____

Location of project: _____ Zoning District: _____

Describe your project: _____

Denial of Permit Application by: _____ **Date:** _____

For Office Use:
Date of Appeal: _____
Date Rec'd. by ZBA: _____
Date of Public Hearing: _____
Date of ZBA Action: _____
Date of APA Action: _____

Your application wishes to seek relief from what section(s) of the Ordinance? Section(s): _____

Page(s): _____

Specifically: _____

Is the property in the Hamlet? ___ yes ___ no.
(If no, Adirondack Park Agency review is required.)

Have there been any other variances granted on the property? _____ Date(s): _____

If yes, please summarize: _____

1) How can the benefit that you desire not be achieved by other feasible means? _____

ZBA Findings: _____

2) How will your project not produce an undesirable change in the neighborhood? _____

ZBA Findings: _____

3) Is this request substantial? _____

ZBA Findings: _____

4) Will your project have adverse physical or environmental effects? _____

ZBA Findings: _____

5) How is this hardship not self-created? _____

ZBA Findings: _____

The Zoning Board of Appeals shall balance the benefit to the applicant with the detriment to the health safety and welfare of the community. If this application is approved, the ZBA may grant the ***minimum variance necessary*** and may impose ***reasonable conditions***.

Authorization for site visits: By signing this page and submitting the application materials attached herein, the Owner, Applicant and his/her/their agent(s) hereby authorize the Zoning Board of Appeals members and/or Code Enforcement Office staff to enter the subject properties for the purpose of reviewing the application submitted.

I am in receipt of the Variance Procedure - Informational Brochure and aware of the requirements of the application. I certify that the application, plans and supporting materials submitted are a true and complete statement/description of the existing conditions and the work proposed. Also, I have been informed that any supporting materials submitted after 5 pm on the Wednesday preceding my scheduled ZBA appearance may result in my project and hearing being rescheduled.

Signature of Property Owner/
Authorized Agent: _____ Date: _____