

# TOWN OF UNION VALE ZONING BOARD OF APPEALS



## **VARIANCE APPLICATION**

Town of Union Vale Zoning Board of Appeals

249 Duncan Road

LaGrangeville, NY 12540

Tel: (845) 724-5600

Fax: (845) 724-3757

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Tax Map Parcel #: \_\_\_\_\_

Location of Proposed Project Site: \_\_\_\_\_

Zoning District: RD-10 \_\_\_\_, RA-5 \_\_\_\_, RA-3 \_\_\_\_, R-1.5 \_\_\_\_, R-1 \_\_\_\_, H \_\_\_\_,  
NC \_\_\_\_, TC \_\_\_\_, A \_\_\_\_

Road Classification: \_\_\_\_ State \_\_\_\_ County \_\_\_\_ Town

Construction Permit Applied for (if applicable): \_\_\_\_ Yes \_\_\_\_ No

**TYPE OF VARIANCE REQUESTED:** \_\_\_\_ AREA \_\_\_\_ USE

**REASON FOR VARIANCE:** \_\_\_\_\_

### **A VARIANCE IS REQUESTED FOR THE FOLLOWING REASONS:**

1. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to the nearby properties will be created by the granting of the Area Variance. Comments?
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. Comments?
3. Whether the requested variance is substantial. Comments?

4. Whether the proposed Area Variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district. Comments?
  
5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the Area Variance. Comments?

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If the applicant is not the owner of the premises, written proof of the applicant's right to act behalf of the owner in this matter must be submitted.

Please note the attachments:

- \_\_\_\_\_ Survey in accordance with requirements of the article of the Town Zoning Law
- \_\_\_\_\_ Environmental Assessment Form (Part I)
  - ( ) Short Form
  - ( ) Long Form
- \_\_\_\_\_ Variance Application Fee in accordance with Town's Fee Schedule
- \_\_\_\_\_ Authorization, if application, to act for owner
- \_\_\_\_\_ Copy of Original Deed of Property
- \_\_\_\_\_ Other data \_\_\_\_\_