TOWN OF SAND LAKE
Zoning Board of Appeals
PO Box 273, 8428 NY Route 66
Sand Lake, NY 12153
(518) 674-2026 ext.117 ~
www.townofsandlake.us

AREA VARIANCE APPLICATION

Please note:

- The applicant and property owner (if different) must sign and date the application.
- Area variance requests related to a boundary line adjustment or subdivision must include a Survey Plat of the proposed boundaries. Please include 1 large format, and 5 11 x 17 copies.
- Area variance requests involving the construction or expansion of buildings are encouraged to include sketch or site plans, and renderings or photographs as available.

SECTION 1: APPLICANT/PROPERTY OWNER INFORMATION

APPLICANT

Name: _____

Address: _____

Home Phone: _____ Work/Cell Phone:_____ Email:_____

PROPERTY OWNER (*if not applicant*)

Name: _____

Address: _____

Home Phone: _____ Cell Phone:_____ Email: _____

SIGNATURES (*see also Section 5*)

Applicant: _____ Date: _____
Property Owner(s) (if not applicant): _____ Date: _____

OFFICIAL USE ONLY:

Date Application Received: _____ Date Payment Received_____ Amount Received: _____
Received By:_____

APPROVED CONDITIONALLY APPROVED DENIED Date_____

SECTION 2: PROPERTY INFORMATION

Property Address/Location:_____

Tax Map Number: _____

Zoning District where the property is located: _____

Present Land Use _____

Does the site have public sewerage: Yes No

SECTION 3: PROJECT INFORMATION

a. Indicate the Town Zoning Chapter Section from which this variance application is being requested.

Article _____ Section _____ Subsection _____

Additional code citations: _____

b. Describe the project requiring the area variance(s):

c. Please complete the following table indicating all area variances needed. If a variance is not needed for an element (ex. rear setback), you may leave it blank.

	Required per Code	Requested Dimensions
Front Setback		
Side Setback(s)		
Rear Setback		
Lot width/frontage		
Height		
Other:		

SECTION 4: JUSTIFICATION FOR AREA VARIANCE REQUESTED

Please read this section carefully before completing the questions that follow.

In making its determination on this variance application, in accordance with the Laws of New York State, 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 health, safety and welfare of the neighborhood or community by such grant. The Zoning Board of Appeals in the granting of a variance shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community. In making such determination the Board shall also consider:

a) Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by granting the area variance;
b) Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than by an area variance;
c) Whether the requested area variance is substantial;
d) Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and
e) Whether the alleged difficult was self-created; which consideration shall be relevant to the decision of the Zoning Board of Appeals, but shall not necessarily preclude the grant of an area variance.

a. Explain why it would not cause an undesirable change to the neighborhood or detriment to the nearby properties if the variance is granted:

b. Explain if it is possible to satisfy your needs through any means other than a variance.

c. Is the requested area variance substantial? If unsure how to answer this question leave blank.

d. Will the proposed variance have an adverse effect on the physical or environmental conditions in the neighborhood? Explain your reasoning.

e. Was the alleged hardship self-created? Detail how and when the property was acquired.

SECTION 5: SITE INSPECTION AUTHORIZATION

I hereby give permission for the Town of Sand Lake Municipal Agencies and their agents to come upon and inspect these premises with respect to this application for an area variance for the property identified by the address and tax map number provided in SECTION 2 above.

_____ _____

(Signature of applicant) Date

_____ _____

(Signature of property owner if different than applicant) Date

SECTION 6: STATE ENVIRONMENTAL QUALITY REVIEW (SEQR) SHORT ASSESSMENT FORM

Please complete the attached SEQR Short EAF Part 1 ONLY as required by New York State. This form may also be downloaded and much of the information completed for you using the NYS Department of Environmental Conservation EAF Mapper Application program located at: http://www.dec.ny.gov/permits/6191.html.