

TOWN OF CLARKSON – Zoning Board of Appeals

FOR OFFICE USE ONLY:

Application # _____ Date Submitted _____ Fee Paid w/Application _____

Other items submitted: _____

ZONING BOARD OF APPEALS APPLICATION:

Re: _____
Applicant(s) Name & Project Name

Project Location _____

The applicant(s) hereby applies for:	<u>Fee:</u>	<u>Pages:</u>
<input type="checkbox"/> Appeal for AREA VARIANCE	\$150	1,2,3,6,7
<input type="checkbox"/> Appeal for USE VARIANCE	\$350	1,2,4,6,7
<input type="checkbox"/> Appeal from DECISIONS OR INTERPRETATIONS	\$150 residential \$350 commercial	
<input type="checkbox"/> Special Permit for a permanent SIGN	\$150	1,2,5,6,7
<input type="checkbox"/> Special Permit for CUSTOMARY HOME OCCUPATION	\$150	1,2,6,7

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The criteria for the ZBA to consider an Area Variance or a Use Variance are very different. It is recommended that you seek independent legal counsel in filling out this form. Town personnel cannot give you legal advice. Please note the following definitions:

AREA VARIANCE - The authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by the dimensional or physical requirements of the applicable zoning regulations. [N.Y.S. Town Law Section 267(1) (b)].

USE VARIANCE - The authorization by the Zoning Board of Appeals for the use of land in a manner or for a purpose which is otherwise not allowed or is prohibited by the applicable zoning regulations. [N.Y.S. Town Law Section 267(1) (a)].

INSTRUCTIONS:

1. Type or clearly print all required information and include appropriate signatures.
2. Submit the original and seven (7) copies of this application w/all background data.
3. Due date – two (2) weeks prior to the next scheduled meeting date.
4. Meeting times are at 7:00 pm on the 1st and 3rd Wednesday of every month at
Clarkson Town Hall, 3710 Lake Road, Clarkson, New York.

FOR ALL APPLICATIONS

PROPERTY OWNER(S): _____

Mailing Address: _____

PROPERTY ADDRESS _____

Town of Clarkson, Monroe County, New York

TAX MAP PARCEL #(s) _____

PARCEL ACREAGE AND DIMENSIONS _____

CURRENT ZONING _____

PRESENT USE OF PROPERTY _____

OWNERSHIP INTENTIONS (i.e. purchase, options, lease) _____

1. Describe your proposal. (The use of maps, drawings, diagrams, photographs is encouraged.)

2. What is the property being used for presently? (The use of maps, drawings, diagrams, photographs is encouraged.)

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FOR AN AREA VARIANCE Fee: \$150

NOTE: According to N.Y.S. Town Law Section 267-b (2) (b) “No such use variance shall be granted by a Board of Appeals without a showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship.” Please address each one of the following items in detail.

PROVISION OF CODE APPEALED - note Code Section/Subsection: _____

If you applied for a similar variance for this property in the past, please indicate the date and the result: _____

1. What benefit will be derived by the applicant who is seeking this variance?

2. What changes will be produced in the neighborhood by the granting of this application?

3. What other methods does the applicant have to achieve the benefit other than the area variance?

4. Will the proposed variance have an adverse affect or impact on the physical or environmental conditions in the neighborhood?

5. How was the alleged difficulty created? Note: If the difficulty was self-created, it is relevant to the decision of the ZBA, but does not necessarily preclude the granting of an area variance.

TOWN OF CLARKSON – Zoning Board of Appeals

FOR A USE VARIANCE **Fee: \$350**

NOTE: According to N.Y.S. Town Law Section 267-b (2) (b) “No such use variance shall be granted by a Board of Appeals without a showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship.” Please address each one of the following items in detail.

PROVISION OF CODE APPEALED - note Code Section/Subsection: _____

If you applied for a similar variance for this property in the past, please indicate the date and the result: _____

1. For each and every use permitted under the Clarkson Zoning Code in the present zone, why can't the applicant realize a reasonable rate of return? Note that this must be demonstrated by competent financial evidence.

2. Why is the alleged hardship unique to the property in question; and why does the alleged hardship not apply to a substantial portion of the zoning district or neighborhood in which the property is located.

3. Why won't the variance, if granted, alter the essential character of the neighborhood?

4. Is the alleged hardship self-created? If no, please explain. If yes, the ZBA must deny the variance.

TOWN OF CLARKSON – Zoning Board of Appeals

Used by ZBA for Special Permit Application for PERMANENT SIGNS
Used by Bldg. Dept. for building permit after ZBA Special Permit is granted

1. NAME & ADDRESS OF APPLICANT:

2. NATURE & EXTENT OF APPLICANT'S PURPOSE:

3. OWNER OF PREMISES & ADDRESS:

4. DESCRIPTION OF PREMISES (Instrument Survey Map showing location of sign)

5. DESCRIPTION & DIMENSION OF SIGN, (include a scale drawing & structure materials)

6. NAME, ADDRESS & TELEPHONE NUMBER OF PERSON RESPONSIBLE FOR MAINTENANCE AND OR REMOVAL OF THE SIGN

IF SIGN IS TO BE PLACED WITHIN THE RIGHT OF WAY OF A STATE HIGHWAY, PERMISSION MUST BE OBTAINED FROM THE STATE OF NEW YORK (attach written form or letter granting permission)

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Building Permit Fees

1. Permanent Sign: >6 sq. ft. but < 40 sq. ft. \$2 per sq. ft. / min. fee: \$40

TOWN OF CLARKSON – Zoning Board of Appeals

(Issued after a ZBA Special Permit is granted)

2. Temporary Sign: >6 sq. ft. but < 40 sq. ft.
(No application to ZBA required)

\$150

Note: Building Permit fees do not apply to a Customary Home Occupation. One (2) sq. ft. sign is allowed by code upon the ZBA granting a Special Permit for the CHO.

DESIGN PROFESSIONALS:

The following design professionals or attorneys may be involved with this project. The lead professional should be indicated by an asterisk (*).

Company Name

Address

City State Zip

Profession

Contact Name

Telephone # Fax

Email Address

Company Name

Address

City State Zip

Profession

Contact Name

Telephone # Fax

Email Address

CERTIFICATION OF STATEMENTS:

The applicant(s) hereby affirms that the above information is accurate and complete, to the best of his/her knowledge and information, and that he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

Applicant Signature

Applicant Name Printed/Typed

Address

City State Zip

Telephone # Fax

Email Address

Applicant Signature

Applicant Name Printed/Typed

Address

City State Zip

Telephone # Fax

Email Address

TOWN OF CLARKSON – Zoning Board of Appeals

I/We hereby certify that I/We am/are title owner(s) of the property identified in the above application and that the applicant(s) named above is/are authorized to make the application described herein.

Signature

Signature

Name Typed or Printed

Name Typed or Printed

Attention

Any fee or disbursements incurred on behalf of the Applicant through professional services provided by the Town Engineer, Town Attorney, Zoning Consultant and/or Legal Publications, must be paid by the Applicant upon final approval by the Zoning Board of Appeals.

I have read and fully understand the above and agree to the contents.

Signature of Applicant

Dated