

REFERRAL PACKAGE - AREA VARIANCE

ZONING BOARD OF APPEALS

An Area Variance shall mean the authorization by the Zoning Board of Appeals for the use of land in a manner that is not allowed by the dimensional or physical requirements of the applicable zoning regulations.

Required Materials that must be presented to the Board five (5) days prior to the scheduled meeting for Placement on Board Agenda

7 copies of all information: 5 for Board members, 1 for Code Enforcement Officer and 1 for file

1. Property Information Sheet
2. Short Form SEQR with part I completed
3. Copy of survey map by certified surveyor or equivalent deemed acceptable by the Board containing property dimensions, showing all structures and distances between structures if within 50 ft. Survey map must also contain location of well and approximate location of septic system. Survey should also contain road names and owners of neighboring properties, proposed dimensions of lot splits and must identify any bodies of water or wetlands.
4. Map of the Town of Volney with property location highlighted.
5. Copy of a brief statement of applicant's intentions. Why they are making the application.
6. Sample design and dimensions of any commercial outside signage.

REFERRAL PACKAGE - REFERENCE

VARIANCE CRITERIA

If you are told that you will need a variance, you will be required to appear before the Zoning Board of Appeals. The ZBA should be looked upon as a judicial body. You should also look at a variance as an exception to the rule. Variances by their nature are rarely given. To be given a variance you must prove to the board that your particular circumstances justify issuance of the variance. Past court cases and judicial determinations have produced a specific set of criteria that the ZBA must use to decide if your application is deserving of a variance. It is important that you be aware of these criteria and structures your argument and present evidence that addresses the criteria.

Applications must be reviewed by the Code Enforcement Officer 14 days before the scheduled meeting.

Area Variance Criteria

Balancing Test: The Board must balance the benefit to the applicant with detriment to the health, safety & welfare of the community. In addition the Board should consider:

- 1) Whether benefit can be achieved by other means feasible to applicant.
- 2) Undesirable change in neighborhood character or to nearby properties.
- 3) Whether the request is substantial.
- 4) Whether the request will have adverse physical or environmental effects.
- 5) Whether alleged difficulty is self-created.

Use Variance Criteria

Applicant must demonstrate (**In writing**) to the board *unnecessary hardship*. To do this applicant must prove *all of the following in each and every case*.

- 1) Applicant cannot realize a reasonable return from any allowed use (one that does not require a variance) as demonstrated by competent financial evidence.
- 2) The alleged hardship is unique and does not apply to substantial portion of district or neighborhood.
- 3) Requested variance will not alter essential character of the neighborhood.
- 4) Alleged hardship has not been self-created.

In either case, if a variance is approved the board would grant the minimum variance necessary and may impose reasonable conditions

TOWN OF VOLNEY

1445 COUNTY ROUTE 6
FULTON, NEW YORK 13069
Tel (315) 598-3803 Fax (315) 598-6839

Property Information Sheet

Applicant Name _____

Application # _____

Property Address _____

Tax I.D. # _____

Zoning Dist. _____

Parcel size: Total acres _____ Width (at road) _____ Depth _____

Is location bordering active farms? Yes _____ No _____

Is location of historic importance? Yes _____ No _____

Are there easements on property? Yes _____ No _____

If yes, please describe _____

What shape is the property? _____

Adjoining property information:

DIRECTION	OWNER'S NAME	PHONE	ADDRESS	ZONED
NORTH				
EAST				
SOUTH				
WEST				

Is parcel located within 500 ft of any of the following? Yes _____ No _____

If yes, which _____

- | | |
|--------------------------------|--|
| a) A municipal boundary | d) County or State building |
| b) County or State owned lands | e) Right of way of a County owned or used stream or drainage channel |
| c) County or State road | |

Is property located within a flood plain or floodway? Yes _____ No _____

Explain current use of property _____

Are there existing structures on parcel? Yes _____ No _____ If yes, describe _____

Is parcel primarily wooded? _____ Is public water available? _____ Sewer? _____

Current year owner purchased property (write NA if before 1972) _____

Is this the applicant's first time before the Planning or Zoning Board? Yes _____ No _____

State reason for Variance _____

Will property require review from both Planning and Zoning Boards? _____

TOWN OF VOLNEY
CODE ENFORCEMENT OFFICER'S REFERRAL

NAME OF APPLICANT _____ DATE _____

ADDRESS OF APPLICANT _____

IS APPLICANT OWNER OF THE PROPERTY? YES _____ NO _____

TELEPHONE # OF APPLICANT DAY _____ EVE _____ CELL _____

SPECIFIC ADDRESS & LOCATION OF PROJECT _____

PROPERTY IS PRESENTLY ZONED AG ___ R-1 ___ R-2 ___ B-1 ___ IND ___

APPLICATION NUMBER (OR TAX ID NUMBER) _____

INTENTIONS OF APPLICANT _____

DOES PLANS INVOLVE A COMMERCIAL BUSINESS? YES _____ NO _____

YOUR PROJECT CANNOT BE APPROVED BECAUSE IT REQUIRES:

USE VARIANCE _____ AREA VARIANCE _____ SITE PLAN REVIEW _____

SPECIAL USE PERMIT _____ WHY REVIEW IS NEEDED _____

Variance is needed because: _____

CEO based decision on Zoning Ordinance: # IV-B Page # ZO-IV-1

Assemble required materials and return to code officer at **least 14 days prior to the Board's Meeting Date** so your application can be placed on the BOARD's agenda: refer to appropriate page for more information regarding the process.

DATE OF NEXT BOARD MEETING _____ ON AGENDA? YES _____ NO _____

NAME OF CHAIRPERSON _____

TELEPHONE # OF CHAIRPERSON (H) _____ (C) _____

SIGNATURE OF CODE ENFORCEMENT OFFICER _____
Date _____

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: <div style="display: flex; justify-content: space-between;"> Municipality _____ County _____ </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <div style="height: 60px; border: 1px solid black;"></div>	
5. PROPOSED ACTION IS: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration </div>	
6. DESCRIBE PROJECT BRIEFLY: <div style="height: 60px; border: 1px solid black;"></div>	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other </div> Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, coordinate the review process and use the FULL EAF.</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>	
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- ☐ Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- ☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

<p>_____ Name of Lead Agency</p> <p>_____ Print or Type Name of Responsible Officer in Lead Agency</p> <p>_____ Signature of Responsible Officer in Lead Agency</p>	<p>_____ Date</p> <p>_____ Title of Responsible Officer</p> <p>_____ Signature of Preparer (If different from responsible officer)</p>
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WHAT THE TOWN CLERK REQUIRES BEFORE A PUBLIC HEARING NOTICE WILL BE
PUBLISHED

A FORM OF REQUEST FOR PUBLIC HEARING SIGNED AND DATED BY CHAIRPERSON &
BOARD MEMBERS STATING:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

TELEPHONE # OF APPLICANT HOME _____ WORK _____

SPECIFIC REASON FOR THE PUBLIC HEARING

SPECIFIC ADDRESS WHERE PROJECT IS
LOCATED _____

SPECIFIC USE OF PROJECT _____

DATE OF PUBLIC HEARING _____

TIME OF PUBLIC HEARING _____

\$100.00 IS REQUIRED FOR PUBLIC HEARING FEE. A SEPARATE **\$100.00** DEPOSIT IS
NEEDED FOR A SIGN THAT HAS TO BE PLACED ON THE PROPERTY OF THE INTENDED
PROJECT. THIS DEPOSIT WILL BE RETURNED AFTER THE PUBLIC HEARING AND THE SIGN
IS RETURNED IN GOOD CONDITION. IF THE SIGN IS DESTROYED, LOST OR STOLEN, THE
\$100.00 DEPOSIT WILL BE FORFEITED. **The permit/finalized paperwork will not be
given until the Public Hearing sign/s has been returned to the Town.**

YOU WILL RECEIVE A RECEIPT FOR THE PUBLIC HEARING AND SIGN DEPOSIT FROM THE
TOWN CLERK. THE CHAIRPERSON OF THE BOARDS WILL INSURE YOU GET A COPY OF
THE NOTICE THAT WAS PUBLISHED IN THE PAPER.

A COPY OF THE ZONING ORDINANCES OR SUB-DIVISION REGULATIONS CAN BE
PURCHASED FROM THE TOWN CLERK FOR A CHARGE OF **\$10.00** IF PICKED UP AND **\$12.00**
IF MAILED.

ZONING BOARD OF APPEALS REQUEST FOR PUBLIC HEARING FORM

NAME OF APPLICANT _____ DATE _____

ADDRESS OF APPLICANT _____

TELEPHONE # OF APPLICANT _____

REASON FOR PUBLIC HEARING _____

SPECIFIC ADDRESS OF PROJECT _____

SPECIFIC LOCATION OF PROJECT _____

SPECIFIC USE INTENDED FOR PROJECT _____

DATE OF PUBLIC HEARING _____

TIME OF PUBLIC HEARING _____

REFERRED TO OSWEGO COUNTY PLANNING FOR REVIEW YES ___ NO ___

SIGNED:

_____ Gregory D. Hartranft Chr.—315-591-7595

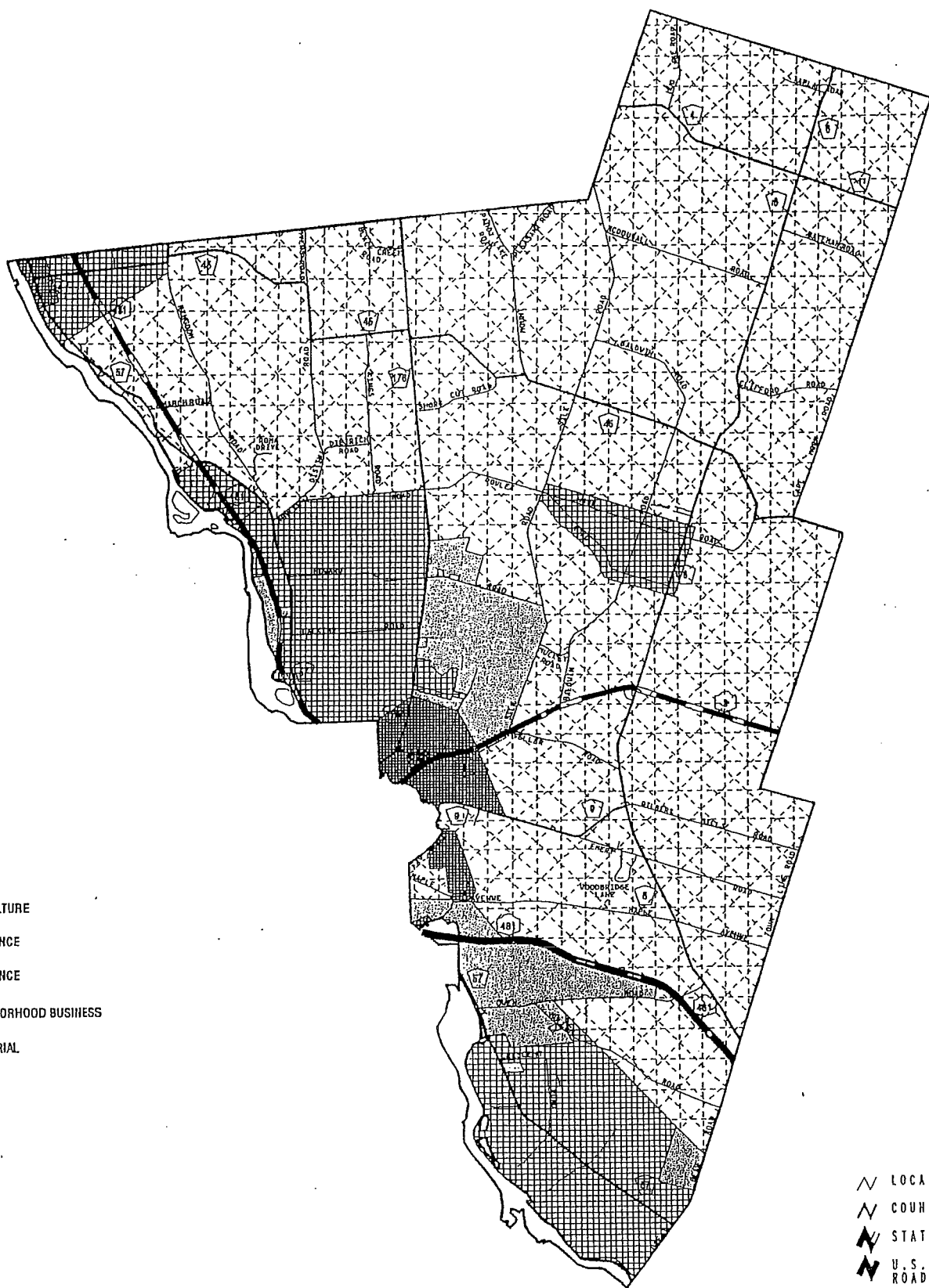
_____ Holly Carpenter—315-569-1779






_____ Thomas Plumpton





_____ Jared Bellenger—315-591-8228

_____ GARY ROIK-315-592-9442

EXISTING ZONING



-  A AGRICULTURE
-  R-1 RESIDENCE
-  R-2 RESIDENCE
-  B-1 NEIGHBORHOOD BUSINESS
-  I-1 INDUSTRIAL

-  LOCAL ROADS
-  COUNTY ROADS
-  STATE ROADS
-  U.S. AND INTERSTATE ROADS



PREPARED BY OSWEGO COUNTY
DEPARTMENT OF PLANNING AND
COMMUNITY DEVELOPMENT
DATE: MAY 1998

TOWN OF VOLNEY ZONING ORDINANCE

