



VILLAGE OF MILLBROOK

35 MERRITT AVENUE PO BOX 349 MILLBROOK NY 12545 TEL: 845-677-3939 FAX: 845-677-3972

TIM COLLOPY
MAYOR

SARAH WITT
CLERK/TREASURER

NICOLE ZEKO
DEPUTY CLERK

Application for Area Variance ZBA Appeal View Fee Schedule

Date of application: _____
Property Location: _____ Tax Map Number: _____
District on Zoning: _____

Appellant Information:

Appellant: _____ Address: _____
Phone Number: _____ E-Mail: _____
Property Owner (if different): _____ Address: _____
Phone Number: _____ E-mail: _____

Description of the Appeal

What is it you want to do? _____

How does the Zoning Ordinance prevent you from doing what you want to do? _____

Criteria for Area Variance Review

State statute requires the Zoning Board of Appeals to consider the following criteria and then to balance the benefit to the applicant if the variance is granted against the detriment to the health, safety and welfare of the community or neighborhood.

- A. Will an undesirable change be produced in the character of the neighborhood- or will the granting of this variance be a detriment to nearby properties? Check One: Yes No
Why? _____
- B. Can the benefit you seek be achieved in some way other than an area variance?
Check One: Yes No If yes, what is that way? _____
- C. Is this variance substantial? Yes No Why? _____
- D. Will the variance have an adverse impact on the physical or environmental conditions in the neighborhood or district? Yes No Why? _____
- E. Is the alleged difficulty self-created? Yes No Why? _____
- F. Is the minimum variance necessary to achieve your goal? Yes No
Explain: _____



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Certification: I certify that the information submitted with the appeal is true to the best of my knowledge and belief, and that I have read and am familiar with those sections of the Village of Millbrook Zoning Ordinance that apply to this appeal. I also acknowledge that the Board of Zoning Appeals may visit the property and specifically permit such visits.

Signature of Landowner

Print Name

Office Use Only

Fees Paid: Yes No Payment: Cash Check Check No. _____

SEQR Classification: Unlisted Type 2

Environmental Assessment Forms Used: Short EAF Long EAF Lead Agency Determination of Significance

SEQR Determination of Significance: Negative Declaration Positive Declaration

Building Dept Permit No. (If any): _____ Date Received: _____

Date of First Hearing: _____

GML 239 Review required: Yes No GML Determination: _____

Village Planning Board Review Requested? Yes No

Village Planning Board Recommendation: _____