


## PROCEDURE FOR COMPLETING GARDINER ZONING BOARD NOTICE OF APPEAL

**Pursuant to §220-59 F (1) of the Municipal Code of the Town of Gardiner, Application, “Appeals shall be taken by filing a written notice of appeal and any required plans with the Building Inspector and the Zoning Board of Appeals, within 60 days after the filing of the order, requirement, decision, interpretation, or determination that is being appealed, on forms prescribed by the Zoning Board of Appeals. Such application shall refer to the specific provision of this chapter involved and shall specify the grounds for the variance requested, the interpretation claimed, or for the reversal of an order, requirement, decision, or determination of an administrative official. The Building Inspector shall forthwith transmit all the papers constituting the record of the appeal to the Zoning Board of Appeals”.**

### ATTENTION

There have been phishing emails sent to residents and/or applicants to the Zoning Board of Appeals, Planning Board and potentially other Town departments that attempt to solicit payment for alleged application/other town fees. If you receive a bill, invoice or other communication from a sender whose email is different from [planzone@townofgardinerny.gov](mailto:planzone@townofgardinerny.gov) please do not reply or open any attachments. Instead, please call the Town Hall office to report it at 845-255-9675 x 112. Any questions concerning zoning board applications and/or fees can also be directed to our ZBA Clerk, Michael Makely, by email ([planzone@townofgardinerny.gov](mailto:planzone@townofgardinerny.gov)) or by phone at 845-255-9675 x 112.

1. Complete all pages of the application (Type or print legibly). The application must be notarized. Return completed packet to the Town Hall along with a check (made payable to the *Town of Gardiner*) in the amount of \$200.00 (Per Current Fee Schedule). A single source.pdf file must accompany all plans and documents.
2. Four (4) copies of building inspector’s order, requirement, decision, interpretation or determination being appealed.
3. Four (4) copies of surveys and/or Site Plan, printed full size in Architectural scale D, showing all details in connection with the appeal. Note: Provide digital copies of all plans along with the physical copies required.
4. Address a plain #10 self-stamped envelope to each property owner within 250 feet of the property. The return address on each envelope should be just your name. The remainder of the return address will be the Town of Gardiner address and will be completed by the Clerk of the Zoning Board. Applicant should obtain an updated list of neighboring land by contacting the Clerk of the Zoning Board or the Assessor’s Office. Include a copy of the mailing list with your application.

Your Name Only	
Neighbor Name Mailing Address Town, ST, Zip	

5. The board may request a site visit prior to scheduling a meeting.
6. All application documents will be reviewed for accuracy and completeness. Failure to comply with the requirements of the application will result in the application being rejected. Notice will be provided upon the acceptance of a complete application. Pursuant to §220-59 G (2), The Zoning Board of Appeals shall set a reasonable time after receipt of a complete application for the hearing of appeals. Upon scheduling a hearing, the Zoning Board of Appeals will meet on the 4<sup>th</sup> Thursday of the month at 7:00 pm.

## TOWN OF GARDINER

### ZONING BOARD NOTICE OF APPEAL APPLICATION

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Applicant's Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Applicant's Mailing Address \_\_\_\_\_

Applicant's Email \_\_\_\_\_

Subject Property of Appeal (if applicable)

Owner: \_\_\_\_\_

Location of property: \_\_\_\_\_

Tax map designation: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Parcel Size \_\_\_\_\_ Zoning District \_\_\_\_\_

Subdivision Name, Filing Date, and Instrument Number

\_\_\_\_\_

This appeal is taking from the determination of the Building Inspector dated \_\_\_\_\_

Municipal Code Reference(s) Applicable to the Appeal: (provide additional information as addendum 1)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The contested determination is incorrect in that: (provide additional information as addendum 2)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any previous appeals been made with respect to this matter? If yes, indicate date of appeal. (provide additional information as addendum 3)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify the grounds for the interpretation claimed, the reversal of an order, requirement, decision, or determination of an administrative official. (provide additional information as addendum 4)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If there are any further questions concerning these procedures, please refer to §220-59 (Zoning) of the Municipal Code of the Town of Gardiner. You may also contact the zoning board secretary by email at [planzone@townofgardinerny.gov](mailto:planzone@townofgardinerny.gov) or by telephone at (845) 255-9675 ext. 112.**

STATE OF NEW YORK )

COUNTY OF ULSTER )

\_\_\_\_\_, being duly sworn deposes and that he/she is the person named as the applicant in the foregoing application. He/she has read the foregoing application and knows the contents thereof the same is true to his/her own knowledge, except as to the matters there stated to be alleged on information and belief and as those matters, he/she believes to be true.

SIGNED: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sworn to me

this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

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(to be completed by Corporate Applicant)

\_\_\_\_\_, being duly sworn deposes and that he/she is (title) \_\_\_\_\_ (name of corporation) \_\_\_\_\_ a (enter name of State of incorporation) \_\_\_\_\_ cooperation, the applicant name in the foregoing application knows the contents thereof, and the same is true to his/her own knowledge, except as to the matters therein stated to be alleged upon information as to belief and as those matter he/she believes it to be true.

SIGNED: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sworn to me

this \_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

\_\_\_\_\_  
Notary Public

