

AREA/USE VARIANCE OR VARIANCE EXTENSION APPLICATION

Use/Area Variance Application Instructions:

1. An applicant must be the property owner. Lessee. Or one with an option to lease or purchase the property in question
2. No work shall be started on the assumption that the Variance will be approved
3. Provide completed application with 2 copies to the Codes/Zoning Officer.
4. Please contact Codes/Zoning Officer with any questions regarding Zoning Permits.
5. Ensure you provide the list of adjoining property owners on page 6.
6. Complete Short SEQR and Agricultural Data Statement at end of this Application Pages 8 - 11

Variance Application Applicant

Name

Address

Telephone and Fax

City & Zip Code

Email Address

Applicant's Interest: Owner/Lessee/Option

Owner (if different)

Name

Address

Telephone and Fax

City & Zip Code

Nature of Project: _____

Property/Project Information

Street Address: _____

Side of Street: _____

Inside or outside: _____

Tax Map #: _____

Zoning District: _____

Signature: _____

Date: _____

(Office Use Only) Receipt of Filing

Application Number: _____

Fee (If Variance Required): _____

Date Issued: _____

Date Returned: _____

Complete Incomplete

Approved Resubmit

Reason: _____

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PROPERTY INFORMATION

1. Date acquired by current owner: _____
2. Zoning District when purchased: _____
3. Present Use of Property: _____
4. Current Zoning District: _____
5. Has a previous Variance Application/appeal been filed for this property?
 - a. Yes When? _____ For what? _____
 - b. No
6. Is property located within (check all that apply)
 - a. Historic District
 - b. Architectural Review District
 - c. 500 feet of a State Park, city boundary. Or County/State highway
7. Brief description of proposed action: _____

8. Is there a written violation for this parcel that is not the subject of this application: Yes No
9. Has the work, use or occupancy to which this appeal relates already begun? Yes No
10. Identify the type of appeal you are requesting (check all that apply):
 - a. INTERPRETATION (See Page 2)
 - b. VARIANCE EXTENSION (See page 3)
 - c. USE VARIANCE (see page 3)
 - d. AREA VARIANCE (see page 5)

FEES: Make checks payable to the "Town of Newport" and attach to top of original application. Fees are cumulative and required for each request below.

ADMINISTRATION FEE: \$50.00

INTERPRETATION --- PLEASE ANSWER THE FOLLOWING (and additional information as necessary):

1. Identify the section(s) of the Zoning Ordinance for which you are seeking an interpretation:

Section(s): _____

2. How do you request that this section be interpreted? _____

3. If interpretation is denied, do you wish to request alternate zoning relief? Yes No

4. If answer to #3 is "yes" what alternative relief do you request? Use Variance Area Variance

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h. Annual Income generated from property: \$ _____

i. Assessed value: \$ _____

j. Equalization Rate: _____

k. Estimated Market Value: \$ _____

l. Appraised Value: \$ _____ Appraiser: _____ Date: _____

m. Appraisal Assumptions: _____

3. Has the property been listed for sale? Yes _____ No _____
- a. If "yes", for how long? _____ Is it a Multiple listing service (MLS) Yes _____ No _____
- b. Original Listing Date(s) _____ Original Listing price: \$ _____
- c. If the listing was reduced, describe when and to what extent: _____

d. Has the property been advertised, newspapers, other publications or social media? Yes _____ No _____

e. If yes, describe frequency and name of publications: _____

f. Has the property had a "For Sale" sign posted on it? Yes _____ No _____

If yes, list dates when the sign was posted: _____

g. How many times has the property been shown and with what results? _____

4. That the financial hardship relating to this property is unique and does not apply to substantial portion of the neighborhood. Difficulties shared with numerous other properties in the same neighborhood or district would not satisfy this requirement. This previously identified financial hardship is unique for the following reasons: _____

5. That the variance, if granted, will not alter the essential character of the neighborhood. Changes that will alter the character of a neighborhood or district would be at odds with the purpose of the Zoning Ordinance. The requested variance will not alter the character of the neighborhood for the following reasons: _____

6. That the alleged hardship has not been self-created. An applicant (whether the property owner or one acting on behalf of the property owner) cannot claim "unnecessary hardship" if that hardship was

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created by the applicant, or if the applicant acquired the property knowing (or was in a position to know) the conditions for which the applicant is seeking relief. The hardship has not been self-created for the following reasons:

AREA VARIANCE ---- PLEASE ANSWER THE FOLLOWING (add additional information as necessary)

The applicant requests relief from the following Zoning Ordinance articles. _____

<u>Dimensional Requirements</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other: _____

To grant an Area Variance, the Zoning Board of Appeals must balance the benefits to the applicant and the health, safety and welfare of the neighborhood and community, taking into consideration the following:

- Whether the benefit sought by the applicant can be achieved by other feasible means. Identify what alternatives to the variance have been explored (alternative designs, attempts to purchase land, etc.) and why they are not feasible.

- Whether granting the variance will produce an undesirable change in the character of the neighborhood or a detriment to nearby properties. Granting the variance will not create a detriment to nearby properties or an undesirable change in the neighborhood character for the following reasons:

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3. Whether the variance is substantial. The requested variance is not substantial for the following reasons:

4. Whether the variance will have adverse physical or environmental effects on the neighborhood or district. The requested variance will not have an adverse physical or environmental effect on the neighborhood or district for the following reasons:

5. Whether the alleged difficulty was self-created (although this does not necessarily preclude the granting of an area variance). Explain whether the alleged difficulty was or was not self-created:

Per municipal law, "any request for an Area Variance, which shall affect a change in density, shall be applied for and considered as a Use Variance and decided under criteria for the same". A request that involves any of the following relief will require an application for a Use Variance and will be decided under the Use Variance criteria:

1. Dimensional relief from minimum lot size requirements that would allow additional permitted units and/or uses
2. Relief from onsite parking requirements
3. Reduction in land area requirements for multi-family units

List the complete "mailing address" of ALL adjoining landowners' (INCLUDING THOSE ACROSS THE STREET) located within 500 feet of the proposed project.

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DISCLOSURE: Does any Town Officer, employee, of family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application? Yes No

If “yes”, a statement disclosing the name, residence and nature and extent of this interest must be filed with this application.

APPLICANT CERTIFICATION

I/we, the property owner(s), or purchaser(s)/lessee(s) under contract, of the land in question, hereby request and appearance before the Zoning Board of Appeals.

By signature(s) attached hereto, I/we certify that the information provided within this application and accompanying documentation is, to the best of my/our knowledge, true and accurate. I/we further understand that intentionally providing false or misleading information is grounds for immediate denial of this application.

Furthermore, I/we hereby authorize the members of the Zoning Board of Appeals and designated Town staff to enter the property associated with this application for the purposes of conducting any necessary site inspections relating to this appeal.

Applicants Signature

Applicants Signature

Sworn to before me this date: _____

Notary Public

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Short Environmental Assessment Form Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>
			YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

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5. Is the proposed action,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
b. Are public transportation services available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes,	NO	YES
a. Will storm water discharges flow to adjacent properties?	<input type="checkbox"/>	<input type="checkbox"/>
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, briefly describe: _____ _____		
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment:	NO	YES
_____	<input type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe:	NO	YES
_____	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe:	NO	YES
_____	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor/name: _____ Date: _____		
Signature: _____ Title: _____		

PRINT FORM

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Herkimer County Agricultural Data Statement

Town Village City of _____ Date _____
Ag District Number _____

Instructions: This form must be completed for any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review that would occur on property within 500 feet of a farm operation located in a NYS Dept. of Ag & Markets certified Agricultural District.

Applicant	Owner if Different from Applicant
Name: _____	Name: _____
Address: _____	Address: _____
_____	_____

1. Type of Application: Special Use Permit; Site Plan Approval ; Use Variance;
 Subdivision Approval

2. Description of proposed project: _____

3. Location of project: Tax Parcel ID# _____

4. Is this parcel actively farmed? NO YES

5. List all farm operations within a NYS Department of Ag & Markets Certified Agricultural District that are within 500 feet of your parcel. Attach additional sheets if necessary.*

Name: _____	Name: _____
Address: _____	Address: _____
Tax Parcel ID # _____	Tax Parcel ID # _____
Name: _____	Name: _____
Address: _____	Address: _____
Tax Parcel ID # _____	Tax Parcel ID # _____

* Attach a tax map showing the site of the proposed project relative to the location of farm operations identified above. Ag District maps can be obtained from your municipal assessor, municipal clerk or the County Planning Department.

Signature of Applicant

Signature of Owner (if other than applicant)

NOTE TO MUNICIPALITY: All applications requiring an Agricultural Data Statement **must** be referred to the Herkimer-Oneida Counties Comprehensive Planning Program in accordance with amended Sections 239-m and 239-n of New York State General Municipal Law.