



Supervisor: (845) 688-7165  
Police: (845) 688-9902  
Town Clerk: (845) 688-5004  
Justice Court: (845) 688-5005  
Assessor: (845) 688-5003  
Assessor Fax: (845) 688-5708  
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*"The Heart of the Park... Where the Eagle Soars"*

[www.shandaken.us](http://www.shandaken.us)

P.O. Box 134, 7209 Rte. 28, Shandaken, NY 12480

## **APPLICATION FOR AREA VARIANCE**

### **Applicant Information** (if applicant is not the owner of the property, a notarized Agent Authorization form must be submitted)

Name _____	Name of Owner if other than Applicant _____
Mailing Address _____	Mailing Address _____
City/State/Zip _____	City/State/Zip _____
Contact Number _____	Contact Number _____
Email Address _____	Email Address _____

### **Property Information**

Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_ Zoning District \_\_\_\_\_ Size \_\_\_\_\_ acres

Physical address: \_\_\_\_\_ Flood Zone: [ ☐ ] Yes [ ☐ ] No

Parcel is located on a \_\_\_\_\_ TOWN \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ PRIVATE road.

Is the parcel located within 500 feet of any County or State road or property? \_\_\_\_\_ yes \_\_\_\_\_ no

Is the parcel located within 100 feet of any mapped water course? \_\_\_\_\_ yes \_\_\_\_\_ no

Dimensions of Existing Building: \_\_\_\_\_ (including height) Square Footage: \_\_\_\_\_

Dimensions of Proposed Building: \_\_\_\_\_ (including height) Square Footage: \_\_\_\_\_

Dimensions of Proposed Addition: \_\_\_\_\_ (including height) Square Footage: \_\_\_\_\_

Maximum Structure Coverage Allowed: \_\_\_\_\_ % Variance Percentage Requested: \_\_\_\_\_ %

Proposed Setbacks: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

Required Setbacks: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

Variance Requested: Front \_\_\_\_\_ ft. Rear \_\_\_\_\_ ft. Side \_\_\_\_\_ ft. Side \_\_\_\_\_ ft.

### **CRITERIA FOR THE ISSUANCE OF AN AREA VARIANCE**

In making it's determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood of community by such grant. In making such determination the board shall also consider:

**Each of the five listed criteria must be answered by the applicant with a narrative.**

1. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance:

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2. Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance:

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3. Whether the requested area variance is substantial:

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4. Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district:

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5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance:

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Any supporting documents should be submitted as a part of the application to the Zoning Board of Appeals.

**Attachment – Plot Plan**

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Location of lot: \_\_\_\_\_

**Note: The plot plan drawn above must show the configuration of the lot showing ALL structures on the parcel and giving the dimensions of each structure and, most importantly, the setbacks of each structure from the property lines (front, rear, and sides.) The sketch MUST BE DRAWN TO SCALE. Indicate the name and placement of the road(s) for purposes of identification.**

**If you are submitting a professionally drawn sketch plan or preliminary plat, please check [ ] here and submit a minimum of six (6) copies of the drawing.**

At least 10 days prior the Zoning Board of Appeals meeting the following will be submitted to the Zoning Office:

1. Six (6) copies of the application and all supporting documents
2. Six (6) copies of the plot/site plan detailing the proposed project and giving a diagram of the property showing all the existing and proposed buildings/structures, indicating the setback dimensions from each property line, stream, road, right of way, and other buildings/structures on the property.
3. A PDF copy of application, supporting documents, and plot/site plan.
4. Application fee: **\$100, plus \$50 for any additional area variances within the same application.**

Once your complete application is submitted to the Zoning Department, it will be scheduled for a PRELIMINARY HEARING, during which time the applicant will present their case to the Board of Appeals. The Board will review the application and all supporting documents, and if all requirements have been met, the applicant will be scheduled for a PUBLIC HEARING, usually at the next regular monthly meeting of the Board of Appeals. During the intervening period, the Zoning Office will notify the applicants abutting and adjacent property owners of the pending application and public hearing date. The cost of notifying the abutting and adjacent property owners via certified mail will be the responsibility of the applicant regardless of the Boards decision.

#### **STATEMENT**

The undersigned as individual owner(s) or as a qualified officer of the corporate owner of the above-described property, hereby apply for approval of the proposed variance in accordance with the provisions of the Zoning Law of the Town of Shandaken and authorize entry upon the property for site inspections by Zoning Officials and their authorized representatives. Fees are due and payable to: Town of Shandaken upon submission of the application.

Signature(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

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#### **OFFICE USE ONLY**

Date Recd: \_\_\_\_\_ Recd By: \_\_\_\_\_ Application Fee: \_\_\_\_\_ [ ] paid

File Number: \_\_\_\_\_

Preliminary Hearing: \_\_\_\_\_ Public Hearing: \_\_\_\_\_

Application [ ] approved [ ] denied Date: \_\_\_\_\_