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Town Clerk: (845) 688-5004
Justice Court: (845) 688-5005
Assessor: (845) 688-5003
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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)

Clifton Rabuffo

Name

Justin Keesey

Name of Owner if other than Applicant

59 Cinder Rd

Mailing Address

113 S. 2nd St Apt 1B

Mailing Address

Chichester, NY 12416

City/State/Zip

Brooklyn, NY 11249

City/State/Zip

845-514-3033

Contact Number

718-614-5610

Contact Number

CRabuffo@gmail.com

Email Address

Justin.Keesey@gmail.com

Email Address

Property Information

Section 14.5 Block 3 Lot 27-30 Zoning District R1.5 Size 2.19 acres

Physical address: 72 Cinder Rd, Chichester, NY Flood Zone: [] Yes [X] No

Parcel is located on a _____ TOWN _____ COUNTY _____ STATE X PRIVATE road.

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

Is the parcel located within 100 feet of any mapped water course? _____ yes X no

Dimensions of Existing Building: 45' x 36' x 22' high (including height) Square Footage: 1003 house, 612 porch

Dimensions of Proposed Building: _____ (including height) Square Footage: _____

Dimensions of Proposed Addition: 24' x 8' x 11' high (including height) Square Footage: 192 SF

Maximum Structure Coverage Allowed: _____ % Variance Percentage Requested: _____ %

Proposed Setbacks: Front 27' ft. Rear 22' ft. Side 25' ft. Side 130' ft.
same same same

Required Setbacks: Front 50' ft. Rear / ft. Side / ft. Side / ft.

Variance Requested: Front 23' 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:

The proposal is for a small mudroom addition on a small house, it will not have an impact on the character of the neighborhood

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:

Due to lot size and septic location, this is the only feasible location to construct an addition on this property

3. Whether the requested area variance is substantial:

No, it is a small addition to provide the applicant with a little more space

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

No, the addition is proposed in a location which is currently part of the driveway and will not change environmental conditions

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:

No, the constraints on this lot are simply due to it's pre-existing size

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

Attachment - Plot Plan

Section: 14.5 Block: 3 Lot: 29-30

Location of lot: 72 Cider Rd, Chichester NY 12416

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 _____

OFFICE USE ONLY

Date Recd: _____ Recd By: _____ Application Fee: _____ [] paid

File Number: _____

Preliminary Hearing: _____ Public Hearing: _____

Application [] approved [] denied Date: _____







