

TOWN OF LAGRANGE

120 STRINGHAM ROAD
LAGRANGEVILLE, NEW YORK 12540
845-452-1830 ext 115

APPLICATION TO ZONING BOARD OF APPEALS

I. IDENTIFICATION OF APPLICANT (OWNER)

APPLICANT NAME: _____ PHONE: _____

MAILING ADDRESS _____

II. IDENTIFICATION OF PROPERTY

LOCATION OF AFFECTED PREMISES _____

___ STATE ROAD ___ COUNTY ROAD ___ TOWN ROAD

TAX MAP GRID NUMBER _____

ZONING DISTRICT _____ AREA _____ ACRES

III. APPLICATION IS MADE FOR:

___ AREA VARIANCE FROM THE REQUIREMENTS OF THE ZONING CODE (complete reason for variance on page 2)

ARTICLE _____ SECTION _____ REQUIRED _____ PROPOSED _____

___ USE VARIANCE FROM THE REQUIREMENTS OF THE ZONING CODE (complete reason for variance on page 2)

ARTICLE _____ SECTION _____

___ APPEAL OF AN ADMINISTRATIVE DECISION OR ORDER OF THE ZONING ADMINISTRATOR OR BUILDING INSPECTOR

___ INTERPRETATION OF ANY PROVISIONS OF THE ZONING CODE, UPON APPEAL FROM A DECISION BY AN ADMINISTRATIVE OFFICIAL

IV. ADDITIONAL INFORMATION

HAVE PREVIOUS APPLICATIONS TO THE ZONING BOARD OR PLANNING BOARD BEEN FILED IN REGARD TO THIS PROPERTY? ___ YES ___ NO

EXPLAIN _____
(use separate sheet if necessary)

HAS VIOLATION BEEN SERVED RELATIVE TO THIS MATTER? ___ YES ___ NO

EXPLAIN _____
(use separate sheet if necessary)

V. ATTACHED HERETO AND MADE A PART OF THIS APPLICATION, I SUBMIT EIGHT (8) COPIES OF THE FOLLOWING:

___ PROJECT DESCRIPTION

___ PROPERTY SURVEY AND/OR A SITE DEVELOPMENT PLAN

___ ENVIRONMENTAL ASSESSMENT FORM

___ SIGNED CONSENT BY THE OWNER IF APPLICANT IS NOT OWNER

___ OTHER (EXPLAIN): _____

VI. SIGNATURE OF APPLICANT _____ DATE _____

VII. FEE \$ _____ DATE RECEIVED _____

VIII. Area Variance – Reason for Appeal (please answer the following in detail)

(a) Please explain whether your appeal will create an undesirable change in the character of the neighborhood or a detriment to nearby properties.

(b) Please explain whether the benefit sought by your appeal can be achieved by some other method, other than an area variance.

(c) Please describe whether your requested area variance is substantial.

(d) Please explain whether the proposed area variance will have an adverse effect or impact on the physical or environmental conditions in your neighborhood.

(e) Please explain whether your alleged difficulty was self-created.

VIV. Use Variance – Reason for Appeal (please submit answers on separate sheet)

No use variance shall be granted by the Zoning Board of Appeals without the applicant showing that the applicable regulations and restrictions imposed by the zoning code have caused unnecessary hardship. In order to prove such unnecessary hardship please provide evidence regarding the following:

- (a) That under the applicable zoning regulations you are deprived of all economic use and benefit from the property. Appellant must provide the ZBA with competent financial evidence.
- (b) That the alleged hardship relating to your property is unique and does not apply to a substantial portion of the district or neighborhood.
- (c) That the requested use variance will not alter the essential character of the neighborhood.
- (d) That the hardship is not self-created.

AFFIDAVIT OF APPLICANT

STATE OF NEW YORK)
COUNTY OF DUTCHESS) SS:
TOWN OF LAGRANGE)

I HEREBY DEPOSE AND SAY THAT ALL THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN THE APPLICATION SUBMITTED HERewith ARE TRUE.

APPLICANT: _____
MAIL ADDRESS: _____

SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20____
NOTARY PUBLIC
COUNTY OF DUTCHESS

AFFIDAVIT OF OWNERSHIP

STATE OF NEW YORK)
COUNTY OF DUTCHESS) SS:
TOWN OF LAGRANGE)

_____ BEING DULY SWORN, DEPOSES AND SAYS THAT HE (SHE) RESIDES AT _____ IN _____ IN THE COUNTY OF _____, IN THE STATE OF ____ THAT HE (SHE) IS THE OWNER IN FEE OF ALL THAT CERTAIN LOT, PIECE OR PARCEL OF LAND SITUATED, LYING AND BEING IN THE TOWN OF LAGRANGE AFORESAID AND DESIGNATED AS LOT NO. _____ IN SECTION NO. _____ OF THE LAGRANGE TAX MAP AND THAT HE (SHE) HEREBY AUTHORIZES IN HIS (HER) BEHALF AND THAT THE STATEMENTS OF FACT CONTAINED IN SAID APPLICATION ARE TRUE.

OWNER: _____
MAIL ADDRESS: _____

SWORN TO BEFORE ME THIS
_____ DAY OF _____, 20____
NOTARY PUBLIC
COUNTY OF DUTCHESS