

Town of LeRay
Zoning Board of Appeals
APPLICATION FOR A USE VARIANCE

Appeal Concerns Property at the following address:

County Tax Map Section: _____ Block: _____ Lot: _____

Zoning District Classification: _____

Date Applicant Acquired Property: _____

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

The applicants appeal from a decision of the Zoning Enforcement Officer concerns the following:

_____ Denial of an Application for a Zoning Permit (Attach to Application)

Describe the Proposed Activity: _____

Denial was made based on the following sections of the Zoning Code(s): _____

Date of Zoning Enforcement Officer's Decision: _____

State what type of a use variance you are requesting: _____

OFFICE USE ONLY

Application # UV- _____

Application Fee \$100.00 _____

Date of Application: _____

(Postmark or Hand Delivered)

Date of Public Hearing: _____

Date of County Referral: _____

Date of Final Action: _____

Date of Filing of Decision with the
Municipal Clerk: _____

TEST: No use variance will be granted without showing by you (the applicant) that applicable zoning regulations and restrictions have caused unnecessary hardship. The following tests must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit. Below please briefly describe how each of the four variance tests is met. Attach all supporting material.

1. The applicant cannot realize a reasonable return, as shown by competent financial evidence. The lack of return must be **substantial**: (ex. Bill of Sale, Tax Bill, Present Value of Property, Lease Agreement, Realtors Statement of Inability to Rent/Sell)

Proof: _____

2. The alleged hardship relating to the property is unique. (The hardship may **not** apply to a substantial portion of the zoning district or neighborhood.):

Proof: _____

3. The requested use variance, if granted, will not alter the essential character of the neighborhood:

Proof: _____

4. The alleged hardship has not been self-created:

Proof: _____

Applicant: _____ Telephone: _____

Mailing Address: _____

Signature: _____ Date: _____