

ZONING BOARD OF APPEALS APPLICATION

Town of LeRay
8650 LeRay Street
Evans Mills, NY 13637
315-629-5224

Submittal Date: _____ **Fee:** \$100 **Date Paid:** _____

Application for (*check one*): Interpretation Area Variance Use Variance

Request relates to the following provisions of the Zoning Law (*check one*):

Zoning Map Text: Article: _____ Section: _____ Subsection: _____

Applicant: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Applicant's relationship to property: Owner Other

Property Owner: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Property Location:

1. The property fronts _____ and consists of _____ acres
Road name

2. Property Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____

3. Zoning District: _____ Tax Parcel #: _____

4. Current use of property: Residential - Number of dwelling units; _____
 Commercial - Type; _____
 Industrial - Type; _____
 Accessory building - Describe; _____
 Other – Describe; _____

5. Proposed use: (please use above descriptions) _____

6. Please describe in detail the changes you plan to make on the premises (be specific). _____

7. Please explain how the **use variance** will affect the character of and the health, safety and welfare of the neighborhood: _____

8. Please explain how the hardship **is not** self-created: _____

9. Please explain how the **use variance** is the minimum necessary to grant relief from the hardship: _____

10. For an **area variance** please explain why no detriment will be created to nearby properties:

11. Please explain how the hardship created is unique and does not apply to a substantial portion of the district or neighborhood: _____

12. Please explain why the requested variance will not alter the essential character of the neighborhood by producing an undesirable change: _____

13. Please explain how you will be deprived of **all** economic use or benefit from your property unless it can be used for the purpose you request, which deprivation must be established by competent financial evidence:

14. For a **use variance**, please explain how the land will not yield a reasonable return by answering the questions below: For an **area variance**, please provide the following information to support how you will suffer a significant economic injury:

(a) Amount paid for the property in question: _____

(b) Date of purchase of the property: _____

(c) Present market value of the property or any part thereof: _____

(d) Basis upon which the present market value of the property (from (c) above) was obtained: _____

(e) The projected market value of the property if the use variance is/is not granted: _____

(f) Basis upon which the present market value of the property (from (e) above) was obtained: _____

(g) Please provide a breakdown of the expenses attributable to maintenance since acquiring the property in issue (you may wish to include receipts, if applicable): _____

(h) Assessment and amount of taxes on the property in issue: (if applicable) _____

(i) Amount of mortgages and other encumbrances: (if applicable) _____

(j) Income from the land in issue: (if applicable) _____

(k) Any other relevant facts particular to the facts of the case: _____

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15. Please explain how you will suffer a significant economic injury unless the **area variance** is granted: _____

16. Please explain the reasons why there is no other feasible method available to you to pursue in order to achieve the benefit you seek other than the requested **area variance**:

17. Please explain why the requested **area variance** is not substantial: _____

I/WE HEREBY CONSENT TO ALLOW MEMBERS OF THE ZONING BOARD OF APPEALS, UPON REASONABLE NOTICE TO ME/US, THE RIGHT OF ACCESS TO MY/OUR PROPERTY FOR THE PURPOSE OF VIEWING AND INSPECTING THE PROPOSED AREA VARIANCE, WHICH IS A SUBJECT MATTER OF THE PROCEEDING HEREIN BEFORE THE ZONING BOARD OF APPEALS.

I/we certify that the information submitted with this application for use variance is true to the best of my/our knowledge and belief.

Signature(s) of applicant(s): _____

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires: _____

Notary Public

OFFICE USE ONLY

Approval

Date: _____

Signed: _____

ZBA Chairman

Denial

Date: _____