ZONING BOARD OF APPEALS APPLICATION
INSTRUCTIONS FOR AREA VARIANCE APPLICATIONS

PLEASE SUBMIT THE FOLLOWING IN 8 SETS COLLATED INTO SEPARATE PACKETS, WITH ORIGINAL SIGNED SET AND CHECK FOR FILING FEE CLIPPED ON TOP.

1. CURRENT NOTICE OF DISAPPROVAL FROM THE BUILDING DEPARTMENT DATED WITHIN THE LAST 60 DAYS, TOGETHER WITH SURVEY/SITE PLAN AND BUILDING PLANS.

2. APPLICATION: TYPED OR NEATLY WRITTEN, SIGN BY THE PROPERTY OWNER AND NOTARIZED. IF YOU HAVE A REPRESENTATIVE SIGNING FOR YOU, PLEASE FURNISH AN AUTHORIZATION FORM SIGNED BY THE OWNER.

3. PROJECT DESCRIPTION: FORM LOCATED ON PAGE 3 OF APPLICATION.

4. SURVEY/SITE PLAN: SURVEYOR MUST SHOW PROPOSED AND EXISTING SETBACKS, PATIOS/DRIVEWAYS, WETLAND BUFFERS, PARCEL SIZE AND LOT DIMENSIONS. SURVEYS SUBMITTED MUST SHOW ALL EXISTING STRUCTURES, DIMENSIONS OF EXISTING AND PROPOSED STRUCTURES, FENCES, TANKS AND CHIMNEYS AS CERTIFIED BY A LICENSED SURVEYOR, ENGINEER OR ARCHITECT.

5. COVENANTS AND RESTRICTIONS: IF ANY, PROVIDE ALL COPIES OR NOTE ON APPLICATION IF THERE ARE NONE.

6. ENVIRONMENTAL ASSESSMENT FORM: REQUIRED FOR ALL APPLICATIONS.

7. CHECK: PAYABLE TO VILLAGE OF GREENPORT: FEE SCHEDULE ATTACHED.
ZONING BOARD OF APPEALS APPLICATION

AREA VARIANCE APPLICATION

IS THIS PROPERTY IN THE HISTORIC DISTRICT? ☐ YES ☐ NO

IF YOU ANSWERED YES, COMPLETE FORM-HPC1

HOUSE NO.________________ STREET ______________________, GREENPORT, NY 11944

SCTM 1001 SECTION_______ BLOCK ______ LOT ________ ZONE______ LOT SIZE_______

I (WE) APPEAL THE WRITTEN DETERMINATION OF THE BUILDING INSPECTOR
DATED____________________ BASED ON MAP DATED____________________________

APPLICANT(S)/OWNER(S): _____________________________________________________

MAILING ADDRESS: _________________________________________________________________________

TELEPHONE: ____________________ FAX #: __________________________ EMAIL:__________________

NOTE: IN ADDITION TO THE ABOVE, PLEASE COMPLETE BELOW IF APPLICATION IS SIGNED BY APPLICANT’S
ATTORNEY, AGENT, ARCHITECT, BUILDER, CONTRACT VENDEE, ETC. AND NAME OF PERSON WHO AGENT
REPRESENTS:

NAME OF REPRESENTATIVE: _________________________________ FOR OWNER_________________________

AGENT’S ADDRESS: _________________________________________________________________________

TELEPHONE: ____________________ FAX:_________________ EMAIL:__________________

PLEASE CHECK BOX TO SPECIFY WHO YOU WISH CORRESPONDENCE TO BE MAIL TO, FROM THE NAMES
ABOVE:

☐ APPLICANT/OWNER, OR ☐ AUTHORIZED REPRESENTATIVE, OR ☐ OTHER NAME/ ADDRESS BELOW:

__________________________________________________________________________

WHEREBY THE BUILDING INSPECTOR REVIEWED MAP DATED ______________AND DENIED AN APPLICATION
DATED__________________ FOR A BUILDING PERMIT.

PROVISION OF THE ZONING ORDINANCE APPEALED. (INDICATE ARTICLE, SECTION, AND SUBSECTION OF
ZONING ORDINANCE BY NUMBERS. DO NOT QUOTE THE ORDINANCE.)

ARTICLE_____________________ SECTION 150-________________________ SUBSECTION_________________

TYPE OF APPEAL. AN APPEAL IS MADE FOR:

☐ A VARIANCE TO THE ZONING CODE OR ZONING MAP.
☐ INTERPRETATION OF THE VILLAGE CODE. ARTICLE ______ SECTION ______

A PRIOR APPEAL ☐ HAS, ☐ NOT BEEN MADE AT ANY TIME WITH RESPECT TO THIS PROPERTY, NO_____
YEAR______.

(PLEASE BE SURE TO RESEARCH BEFORE COMPLETING THIS QUESTION OR CALL OUR OFFICE FOR
ASSISTANCE.)
NAME OF OWNER: ________________________________________________

REASON FOR APPEAL (ADDITIONAL SHEETS MAY BE USED WITH PREPARER’S SIGNATURE):

AREA VARIANCE REASONS:

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;

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;

3. WHETHER THE REQUESTED AREA VARIANCE IS SUBSTANTIAL;

4. WHETHER THE REQUESTED VARIANCE WILL HAVE AN ADVERSE EFFECT OR IMPACT ON THE PHYSICAL OR ENVIRONMENTAL CONDITIONS IN THE NEIGHBORHOOD OR DISTRICT;

5. WHETHER THE ALLEGED DIFFICULTY WAS SELF-CREATED, WHICH CONSIDERATION SHALL BE RELEVANT TO THE DECISION OF THE ZONING BOARD OF APPEALS, BUT SHALL NOT NECESSARILY PRECLUDE THE GRANTING OF THE AREA VARIANCE.

ARE THERE COVENANTS AND RESTRICTIONS CONCERNING THIS LAND: ☐ NO. ☐ YES. (PLEASE FURNISH COPY).

____________________________________
SIGNATURE OF APPELLANT OR AUTHORIZED AGENT

____________________________________
PRINT NAME (AGENT MUST SUBMIT AUTHORIZATION FROM OWNER)

____________________________
SWORN TO BEFORE ME THIS DAY OF _____ OF ____. 20____

____________________________
NOTARY PUBLIC

Form ZBA1
Applicant’s Project Description

APPLICANT: ___________________________________________ DATE: __________________________

I. FOR DEMOLITION OF EXISTING BUILDING AREAS

PLEASE DESCRIBE AREAS BEING REMOVED: ________________________________________________
_____________________________________________________________________________________

II. NEW CONSTRUCTION AREAS (NEW DWELLING OR NEW ADDITION/EXTENSIONS):

DIMENSIONS OF FIRST FLOOR (EXTENSION): ______________________________________________
DIMENSION OF SECOND FLOOR: __________________________________________________________
HEIGHT (FROM FINISHED GROUND TO TOP OF RIDGE): ___________________________________
IS BASEMENT OR LOWEST FLOOR AREA BEING CONSTRUCTED? IF YES, PLEASE PROVIDE HEIGHT
(ABOVE GROUND)
MEASURED FROM NATURAL EXISTING GRADE TO FIRST FLOOR: _____________________________

III. PROPOSED CONSTRUCTION DESCRIPTION (ALTERATION OR STRUCTURAL CHANGES).

NUMBER OF FLOORS AND GENERAL CHARACTERISTICS BEFORE ALTERATIONS: ________________
_____________________________________________________________________________________
NUMBER OF FLOOR AND CHANGES WITH ALTERATIONS:_____________________________________
_____________________________________________________________________________________

III. CALCULATIONS OF BUILDING AREAS AND LOT COVERAGE:

EXISTING SQUARE FOOTAGE OF BUILDINGS ON YOUR PROPERTY: ___________________________
PROPOSED INCREASE OF BUILDING COVERAGE: _____________________________________________
SQUARE FOOTAGE OF YOUR LOT: _______________________________________________________
PERCENTAGE OF COVERAGE OF YOUR LOT BY BUILDING AREA: _____________________________

V. PURPOSE OF NEW CONSTRUCTION: ____________________________________________________
_____________________________________________________________________________________

Form ZBA1
Zoning Board of Appeals Application Authorization
WHERE THE APPLICANT IN NOT THE OWNER

I, ____________________________________ RESIDING AT ____________________________________

(PRINT PROPERTY OWNER’S NAME) (MAILING ADDRESS)

DO HEREBY AUTHORIZE ________________________________ (AGENT)

TO APPLY FOR VARIANCE(S) ON MY BEHALF FROM THE GREENPORT VILLAGE ZONING BOARD OF APPEALS.

THE PROPERTY IS LOCATED AT ____________________________________________, GREENPORT, NY.

SCTM # 1001- ____________________________________________.

_________________________ (OWNER’S SIGNATURE)

_________________________ (PRINT OWNERS NAME)