INSTRUCTIONS FOR USE VARIANCE APPLICATIONS
PLEASE REVIEW ARTICLE X. SECTION 150-26. B (1).

PLEASE SUBMIT THE FOLLOWING IN 7 SETS COLLATED INTO SEPARATE PACKETS, WITH ORIGINAL SIGNED SET AND CHECK FOR FILLING 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, SIGNED 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

USE VARIANCE APPLICATION

FOR OFFICIAL USE ONLY

FEE: $__________ FILED BY: __________ DATE ASSIGNED: __________ APPEAL NO. ________
OFFICE NOTES: __________________________________________________________________________

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: ____________________________ FOR OWNER _________________________

TELEPHONE: ______________________ FAX: __________________ EMAIL: __________________

PLEASE CHECK BOX TO SPECIFY WHO YOU WISH CORRESPONDENCE TO BE MAILED 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, ☐ 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.)
USE VARIANCE:

REASONS FOR USE VARIANCE: An applicant for a use variance must demonstrate unnecessary hardship by satisfying all of the following four tests: (Please consult your attorney before completing, attach additional sheets as needed, and submit related documents as required).

1. The applicant cannot realize a reasonable return, for each and every permitted use under the zoning regulations (for the particular zone district where the property is located), as demonstrated by substantial and competent financial evidence because:

2. The alleged hardship relating to the property is unique and does not apply to the majority of the parcels in the same zoning district or neighborhood because:

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

4. The alleged hardship has not been self-created because:
ARE THERE COVENANTS AND RESTRICTIONS CONCERNING THIS LAND?  □ NO. □ YES. (PLEASE FURNISH COPY).

SIGNATURE OF APPELLANT OR AUTHORIZED AGENT
(AGENT MUST SUBMIT AUTHORIZATION FROM OWNER)
SWORN TO BEFORE ME THIS DAY OF _____, 20__

_______________________________________________
NOTARY PUBLIC
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: _________________________________________________
   ________________________________________________________________________________________________

IV. 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 ZBA2
PLANNING BOARD APPLICATION AUTHORIZATION
(WHERE APPLICANT IS 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 PLANNING BOARD. THE PROPERTY
IS LOCATED AT ________________________________________________________________, GREENPORT, NY.

SCTM # 1001- __________________________________.

SIGNATURE: ..........................................................

PRINTED: ..........................................................

DATE: ..........................................................

Form ZBA2