

**APPLICATION TO THE VILLAGE OF GREENPORT
ZONING BOARD OF APPEALS**

<i>For official Use Only</i>			
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: _____

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 RVIEWED 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 Do not quote the ordinance.)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: _____

ZBA File# _____

REASON FOR APPEAL *(additional sheets may be used with preparer's signature):*

AREA VARIANCE REASONS:

1. STRICT APPLICATION OF THE ORDINANCE would produce practical difficulties or unnecessary HARDSHIP because:
2. The hardship created is unique and is not shared by all properties alike in the immediate vicinity of this property and in this district because:
3. The variance would observe the spirit of the Ordinance and WOULD NOT CHANGE THE CHARACTER OF THE DISTRICT because:

Are there Covenants and Restrictions concerning this land: No. Yes. (please furnish copy).

Check this box () *IF A USE VARIANCE IS BEING REQUESTED, AND PLEASE COMPLETE THE ATTACHED USE VARIANCE SHEET:*

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: _____
