

GENERAL INSTRUCTIONS FOR ALL APPLICANTS

TO ALL APPLICANTS: The Zoning Board is empowered to review any of the five types of matters, as indicated below.

Two steps are required to apply.

1. Determine which type of relief you are requesting from the Board and complete the required pages of this application as indicated. Discard the rest.
2. Follow the **checklist** in order to compile the package you must submit to the Secretary of the Zoning Board of Appeals.

STEP ONE

A. INTERPRETATION OF THE ZONING ORDINANCE:

Page 1
Page 2
Page 3 top half only
Page 6, 7, 8

B. APPEAL

Page 1
Page 2
Page 3 bottom half only
Page 6, 7, 8

C. USE VARIANCE

Page 1
Page 2
Page 4
Page 6, 7, 8

D. AREA VARIANCE

Page 1
Page 2
Page 5
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E. INFORMAL DISCUSSION – Page 1

TO BE COMPLETED BY ZONING BOARD CLERK

Appeal Number: _____ Fee Paid: _____

Date: _____ Board Action: _____

APPLICATION FEES

- A. INTERPRETATION: \$75.00
- B. APPEAL: \$60.00
- C. USE VARIANCE: \$300.00
- D. AREA VARIANCE: \$300.00 For first variance
 \$100.00 Each additional variance
- E. INFORMAL DISCUSSION \$75.00

***To be placed on the Agenda, all fees must be paid upon
submission of application***

STEP 2 - INSTRUCTIONS

The following material **MUST** be submitted to the Secretary of the Board of Appeals in connection with this application or request:



One (1) original of this completed application, with **ALL** questions answered.



One copy (1) of any violation notice, decision or order of a Town Official, including the Building Inspector, upon which this appeal is based.



One (1) identical copy of a survey that was submitted with Building Application and/or plot plan, showing all existing and proposed structures and their exact relationship to all lot lines. You **may** be required to submit 12 copies.



One (1) copy of any prior decision of the Zoning Board of Appeals relative to this property.



One (1) copy of the list of ALL surrounding (adjoining) Property Owners. **This must be obtained from the Assessor's Office** . The applicant must provide certified return receipt cards and an affidavit of posting and mailing to the Zoning Board Secretary at least twenty-four (24) hours prior to the hearing. (A packet with instructions will be given to you at your first meeting.)



Cash, check or money order payable to the TOWN OF STONY POINT, in the appropriate amount, as determined by the Secretary to the Board, must be paid when submitting application.

All applications must be submitted eight days prior to meeting date in order to be on the following Agenda.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE ZONING BOARD SECRETARY AT (845)786-2716

Page One (1) to be completed by ALL applicants!

TO THE STONY POINT ZONING BOARD OF APPEALS, STONY POINT-NEW YORK

I (we) _____ of _____
(name of applicant) (street and number)

Hereby appeal to the Board of Appeals from the following.

A. Building Department Violation Number _____, Dated _____

B. Denial of application for a building permit, Dated _____
Reason(s) for denial _____

C. Other Decision, Violation, Refusal or Referral (Explain) _____

2. Applicant's Information: Date: _____

Name: _____ Address: _____

Phone No. _____

3. Attorneys/Representatives Information:

Name: _____ Address: _____

Phone No. _____

4. Property Owner's Information (if applicant, write applicant)

Name: _____ Address: _____

Phone No. _____

5. Location of the property _____

a. Tax Section _____ Block _____ Lot _____ Zoning District _____

b. At or near the following intersections or main streets:

Indicate distance and direction from intersection, and which side of street (N, S, E, W)

PAGE TWO (2) to be completed by **ALL** applicants.

6. Is the property in question within 500 feet of any of the following (answer Yes or No)

- _____ Any County or State Park or recreation area;
- _____ Any City, Town or Village boundary line;
- _____ The right of way of any County road, or State parkway, thruway, expressway, or other highway;
- _____ The right of way of any stream or drainage channel owned by the county, or for which the County has established channel lines.
- _____ Any County or State owned land on which a public building or institution is located

7. Provision(s) of the zoning ordinance appealed from; (Indicate each article, section, subsection and paragraph of the Ordinance being appealed from, by number –(DO NOT QUOTE THE ORDINANCE.)

8. Type of Appeal: (Indicate which of the following appeals you are applying for)

- a. An interpretation of the Zoning Ordinance or Map; or
- b. Appeal from decision of Town Official or Officer; or
- c. A USE Variance; or
- d. An AREA Variance

9. Previous Appeal:

a. A previous appeal()has, or () has not been made with respect to this property.
Such appeal was in the form of:

- (1) Interpretation of the Zoning Ordinance or Map; or
- (2) Appeal from decision of Town Official or Officer.
- (3) A USE Variance; or
- (4) An AREA Variance; or

c. The previous appeal described above was appeal number _____, dated _____
and was _____(Granted/Denied).

APPLICATION PAGE TWO (2)

TO ALL APPLICANTS: Complete all relevant information by the section or sections Pertaining to your appeal ONLY. You may also include an extra attachment if necessary To supplement this form with a narrative explanation. Please note that at the time of The following information by written or oral evidence. It would be advisable to be Prepared at the time of the hearing to present written documentation of the statements Made in this application, as well as to substantiate all financial figures supplied, and Any other necessary material relevant to the request.

A. INTERPRETATION OF ZONING ORDINANCE

1. Section(s) to be interpreted: _____

2. An interpretation of the Zoning Ordinance is requested because: _____

B. APPEAL FROM DECISION OF TOWN OFFICIAL

1. Name of official making decision: _____

2. Nature of decision: _____

3. The decision described above is hereby appealed because

C. USE VARIANCE

1. Strict Application of the Zoning Ordinance would produce an unnecessary HARDSHIP in the use of the land as zoned because:

(NOTE: proof of hardship must be related to the property, not the individual owner)

2. This property cannot be used for any uses currently permitted in this zone because:

3. The problem with this property is due to unique circumstances and not to the general conditions of the neighborhood in that:

4. The use requested by this variance will not alter the essential character of the neighborhood in that:

5. The amount paid for the entire parcel was: _____

6. The date of purchase of the property was: _____

7. The present value of the entire property is: _____

8. The monthly expenses attributed to normal
And usual maintenance of the property are: _____

9. The annual taxes on the property are: _____

- 10 The current income from the property is: _____

11. The amount of mortgages and other encumbrances on the property in question are:

a. List scheduled payoff date: _____

b. Present monthly payment amount: _____

c. Existing balance and interest rate: _____

12. Other factors I/we wish the Board to Consider in this case are:

C. AREA VARIANCE

1. Strict Application of the Zoning Ordinance will produce a practical difficulty or a significant economic injury because:

NOTE: Proof of practical difficulty must be related to the property, not to the individual.

2. Is the variance as requested the minimal necessary to relieve the practical difficulty or economic injury? _____

Describe: _____

3. Is the variance substantial in relation to the zoning code? _____

Explain: _____

4. Will a substantial change be produced in the character of the neighborhood, or a substantial detriment to adjoining property owners be created, if this variance is allowed? _____

Explain: _____

5. Can the alleged practical difficulty or economic injury be overcome by some other method other than a variance? _____

Explain: _____

6. Will the granting of this variance affect the health, safety or welfare of the neighborhood, or community: _____

Explain: _____

7. Will there be any affect on governmental facilities or services if this variance is granted? _____

Describe: _____

8. Other factors I/we wish the Board to consider in this case are: _____

Affidavit Pursuant to Section 809 of the General Municipal Law

State of New York)
County of Rockland) SS.:
Town of Stony Point

I, _____, being duly sworn, hereby depose and say that all the following statements and the statements contained in the papers submitted herewith are true and that the nature and extent of any interests set forth are disclosed to the extent that they are known to the applicant.

1. Print or type full name and post office address

certifies that he is owner or agent of all that certain lot, piece or parcel of land and/or building described in this application and if not the owner that he has been duly and properly authorized to make this application and to assume responsibility for the owner in connection with this application for the relief below set forth:

2. To the _____ of the Town of **STONY POINT**,
(Board, Commission or Agency)
Rockland County, New York:

Application, petition or request is hereby submitted for:

- () Variance or modification from the requirement of Section
- () Special permit per the requirements of Section
- () Review and approval of proposed subdivision plat;
- () Exemption from a plat or official map;
- () An order to issue a certificate, permit or license;
- () An amendment to the Zoning Ordinance or Official Map or change thereof;
- () Other (*explain*)

To permit construction, maintenance and use of _____

3. Premises affected are in _____ zone and from the town of _____ tax map, the property is known as Section _____ Block, _____, Lot(s) _____.

4 There is no state officer, Rockland County Officer or employee or town/village officer or employee nor his or her spouse, brother, sister, parent, child or grandchild, or a spouse of any of these relatives who is the applicant or who has an interest in the person, partnership or association making this application, petition or request, or is an officer, director, partner or employee of the applicant, or that such officer or employee, if this applicant is a corporation, legally or beneficially owns or controls any stock of the applicant in excess of 5% of the total of the corporation if its stock is listed on the New York or American Stock Exchanges; or is a member or partner of the applicant, if the applicant is an association or a partnership; nor that such town/village officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied, whereby such officer or employee may receive any payment or other benefit, whether or not for service rendered, which is dependent or contingent upon the favorable approval of this application, petition or request.

5. That to the extent that the same is known to your applicant, and to the owner of the subject premises there is disclosed herewith the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town/Village of _____ in the petition, request or application or in the property or subject matter to which it relates:
(if none, so state)

- a. Name and address of officer or employee _____
- b. Nature of interest _____
- c. If stockholder, number of shares _____
- d. If officer or partner, nature of office and name of partnership _____
- e. If a spouse or brother, sister, parent, child, grandchild or the spouse of any of these blood

relatives of such state, county or town/village officer or employee, state name and address of such relative and nature of relationship to officer and employee and nature and extent of office, interest or participation or association having an interest in such ownership or in any business entity sharing in such ownership.

f. In the event of corporate ownership: A list of all directors, officers and stockholders of each corporation owning more than five (5%) percent of any class of stock, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Town/Village of _____.

I, _____, do hereby depose and say that all the above statements and statements contained in the papers submitted herewith are true, knowing that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

SIGNATURE: _____

Mailing Address: _____

SWORN to before this _____ day of _____, 20____.

Notary