

**GENERAL INSTRUCTIONS FOR ALL APPLICANTS**

**TO ALL APPLICANTS:** The Zoning Board of Appeals is empowered to review any of the five (5) types of matters, as indicated below.

Two steps are required to apply to the Zoning Board of Appeals:

1. Determine which type of relief you are requesting from the Zoning Board of Appeals (this information is on your denial letter from the Building Department) and complete the required section/pages of this application as indicated.
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 and 2  
Page 3 (top half only)  
Page 6, 7 and 8

B. **APPEAL**

Page 1 and 2  
Page 3 (top half only)  
Page 6, 7 and 8

C. **USE VARIANCE**

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

D. **AREA VARIANCE**

Page 1 and 2  
Page 5, 6, 7, and 8

E. **INFORMAL DISCUSSION**

Page 1

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**TO BE COMPLETED BY THE ZONING BOARD OF APPEALS CLERK**

Date Received: \_\_\_\_\_

Appeal Number: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Check or Cash    Check No.: \_\_\_\_\_

**DISPOSITION:**

Date: \_\_\_\_\_

Granted or Denied

## 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

**\*\*\*All fees must be paid upon submission of Zoning Board application, in order to be placed on the Agenda \*\*\***

## STEP 2 – INSTRUCTIONS

The following material **MUST** be submitted to the Secretary of the Zoning 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 – 15 copies.



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



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

All applications must be submitted eight (8) days prior to the 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 EXTENSION 104.

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 for denial: \_\_\_\_\_  
\_\_\_\_\_
- C. Other decision, violation, refusal or referral (explain): \_\_\_\_\_  
\_\_\_\_\_

2. Applicant's Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. Attorneys/Representatives Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

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))

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.)

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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

b. The previous appeal described above was appeal number \_\_\_\_\_, dated \_\_\_\_\_ and was \_\_\_\_\_ (Granted/Denied).

**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.)**

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

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

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

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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:

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**D. 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.)

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

**DESCRIBE:** \_\_\_\_\_

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3. Is the variance substantial in relation to the Zoning Code? \_\_\_\_\_

**EXPLAIN:** \_\_\_\_\_

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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:** \_\_\_\_\_

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

**EXPLAIN:** \_\_\_\_\_

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6. Will the granting of this variance affect the health, safety or welfare of the neighborhood or community? \_\_\_\_\_

**EXPLAIN:** \_\_\_\_\_

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

**DESCRIBE:** \_\_\_\_\_

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

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**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)

(Revised 1/2019)