

TOWN OF WILLSBORO, NY

AREA VARIANCE APPLICATION

Tax Map No: _____ Application No: _____ Fee: \$50.00

Name of Applicant: _____ Phone No: _____

Address: _____

Location of project: _____ Zoning District: _____

Briefly describe your project: _____

<u>For Office Use:</u>
Date of Appeal: _____
Date Rec'd. by ZBA: _____
Date of Public Hearing: _____
Date of ZBA Action: _____
Date of APA Action: _____

Your application wishes to seek relief from what section(s) of the Ordinance? Section(s): _____ Page(s): _____

Is the property in the Hamlet? ___ yes ___ no.
(If no, Adirondack Park Agency review maybe required.)

The Zoning Board of Appeals shall balance the benefit to the applicant with the detriment to the health safety and welfare of the community. If this application is approved, the ZBA may grant the *minimum variance necessary* and may impose *reasonable conditions*.

1) How can the benefit that you desire not be achieved by other feasible means? _____

ZBA Findings: _____

2) How will your project not produce an undesirable change in the neighborhood? _____

ZBA Findings: _____

3) Is this request substantial? _____

ZBA Findings: _____

4) Will your project have adverse physical or environmental effects? _____

ZBA Findings: _____

5) How is this hardship not self-created? _____

ZBA Findings: _____

Please include with your application:
_____ copy of property deed
_____ list of property owners within 500'
_____ map of property
_____ & any other pertinent information.

ZBA Conditions: _____

Signature of Applicant/
Authorized Agent: _____ Date: _____

Signature of Code Officer: _____ Date: _____

Signature of ZBA Chairman: _____ Date: _____