

**TOWN OF NEVERSINK
ZONING BOARD OF APPEALS
P.O. BOX 307 - 273 MAIN STREET
GRAHAMSVILLE, N.Y. 12740
(914) 985-2262**

INSTRUCTIONS FOR SUBMISSION OF APPLICATION

TO TOWN OF NEVERSINK

ZONING BOARD OF APPEALS

Attached to this instruction sheet are the forms to be utilized in submitting applications to the Town of Neversink Zoning Board of Appeals.

The Town of Neversink ZBA meets on the **third Tuesday** of each month. Applications must be received by the Clerk nine (9) days prior to the ZBA regular meeting in order to be placed on the agenda for the meeting to be held that month. Applications received after the ninth (9th) day will be placed on the agenda of the meeting for the following month.

A complete application must be made consisting of all information as identified in paragraph D. (DOCUMENTATION) of the application form. An application will not be placed on the agenda until all required information is submitted.

At the initial meeting, the ZBA will review the application to be certain that the applicant has set forth sufficient information upon which the granting of a variance could be considered.

In the event the ZBA determines that a complete application with sufficient information has been made, a public hearing will be scheduled. Normally the public hearing will be held at the next meeting of the ZBA.

It is the responsibility of the applicant to provide the Clerk with an accurate list of all property owners located within five hundred (500) feet of the premises which is the subject matter of the application. The Clerk will mail notices of the public hearing to each such property owner.

A decision must be made by the ZBA within forty-five (45) days of the date of the public hearing. Generally, a decision can be expected to be rendered at the meeting following the meeting at which the public hearing was held.

In the event that a variance is granted, the ZBA's decision must be filed with the Sullivan County Clerk. Filing of the variance is the responsibility of the applicant or the applicant's representative.

NOTICE TO APPLICANTS

VARIANCE CRITERIA TO BE MET BY ALL APPLICANTS, AS STATED IN CHAPTER 51, ZONING LAW OF THE TOWN OF NEVERSINK, SECTIONS 50-34 B, USE VARIANCE AND 50-34 C, AREA VARIANCE.

B. Use variances.

(1) The ZBA, on appeal from the decision or determination of the administrative official charged with the enforcement of this chapter, shall have the power to grant use variances, authorizing a use of the land which otherwise would not be allowed or would be prohibited by the terms of this chapter.

(2) No such use variance shall be granted by a ZBA without a showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship. In order to prove such unnecessary hardship, the applicant shall demonstrate to the ZBA that:

(a) Under applicable zoning regulations, the applicant is deprived of all economic use or benefit from the property in question, which deprivation must be established by competent financial evidence;

(b) The alleged hardship relating to the property in questions is unique and does not apply to a substantial portion of the district or neighborhood;

(c) The alleged hardship has not been self-created.

(3) The ZBA, in granting of use variances, shall grant the minimum variance that it shall deem necessary and adequate to address the unnecessary hardship proven by the applicant and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

C. Area variances.

(1) The ZBA shall have the power, upon an appeal from a decision or determination of an administrative official charged with the enforcement of this chapter, to grant area variances from the area or dimensional requirements of this chapter.

(2) In making its determination, the ZBA shall take into consideration the benefit to the applicant if the variance is granted as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making such determination, the ZBA shall also consider whether:

(a) An undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance;

(b) The benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance;

(c) The requested area variance is substantial;

(d) The proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and

(e) The alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals but shall not necessarily preclude the granting of the area variance.

(3) The ZBA, in the granting of area variances, shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

**TOWN OF NEVERSINK
ZONING BOARD OF APPEALS
P.O. Box 307 - 273 Main Street
Grahamsville, NY 12740**

APPLICATION TO TOWN OF NEVERSINK ZONING BOARD OF APPEALS

Appeal of _____ Telephone # _____
(Name)

(Address)

(Name and Address of Agent/Attorney if Applicable)

Application No. _____ Date Application Rec'd _____
Date of Hearing _____ Date of Decision _____

A. STATEMENT OF OWNERSHIP AND INTEREST:

1. The applicant(s) is (are) the owner(s)/agent of property known as _____, (Street Address) generally located _____ (Describe by Reference to street intersections, property of other, etc.) _____

2. The property is identified on the most recent tax roll of the Town of Neversink as Section _____, Block _____, Lot _____.

3. The above described property was acquired by the applicant on _____, 200 _____. Attached is a copy of the deed.

4. Attached is a photocopy of the tax map on which the property which is the subject of this application has been outlined in red.

5. The premises are located in the _____ Zoning District.

B. RELIEF REQUESTED:

1. The applicant requests: (check one or both) (a.) An Area Variance ()
(b.) A Use Variance ()

<u>Zoning Law Section</u>	<u>Subject Matter of Section</u>
_____	_____
_____	_____

Change Requirement

From: _____ **To:** _____

2. Reasons for Request (add additional sheets if necessary):

(a.) State briefly your reason(s) for requesting a variance:

(b.) State briefly how the strict application of the provisions of the Zoning Law would result in practical difficulties or unnecessary hardship inconsistent with the general purpose and intent of the Zoning Law. _____

(c.) Brief description of improvements, additions or changes intended to be made under this application. _____

(d.) State briefly how the granting of the requested relief will not be a substantial detriment to the public interest, to the property and to surrounding properties and will not materially undermine the purposes of the Town of Neversink Zoning Law.

(e.) State briefly how the practical difficulties or unnecessary hardships are particular to your property and are not shared by other properties in your neighborhood or the same Zoning District.

C. APPEAL FROM:

1. This appeal is made from a Notice of Disapproval from the Code Enforcement Officer date _____, 20___, a copy of which is attached to this application.
2. This property (has) (has not) been the subject of a previous appeal. If applicable, I have attached a copy of the decision in that previous letter.

D. DOCUMENTATION:

1. I have attached to this application copies of the following documents which I understand must be fully submitted in order for my application to be acted upon:
 1. Most recent deed to the property;
 2. A portion of the tax map on which the property which is the subject of this application has been outlined in red;
 3. The Notice of Disapproval from the Code Enforcement Officer from which this appeal is taken (if applicable);
 4. Drawing to scale or survey showing the location and size of the existing and proposed improvements on the property which is the subject of this application;
 5. Environmental Assessment Form Part I;
 6. General Municipal Law Section 809 Affidavit (if applicable);
 7. List of names and addresses with corresponding tax map numbers of all property owners within 500 feet of the property entitled to a Notice of Public Hearing on this application.

E. FEE:

1. Enclosed is my non-refundable fee of \$_____ (not including postage fees), which I realize must be paid at the time my application is submitted or it will not be processed.

Signature of Applicant

Sworn to before me this _____ day
of _____, 20____.

Notary Public

Fee Received on _____, 20____,

By: _____ (Title)

TOWN OF NEVERSINK
ZONING BOARD OF APPEALS

LETTER OF AUTHORIZATION FROM PROPERTY OWNER

To Whom It May Concern:

I, _____, owner(s) of the property described in an application with the Town of Neversink Zoning Board of Appeals for a _____ for said property, do hereby authorize _____ to file said application with my full knowledge and acceptance.

Signature of Owner

Sworn to before me this ____ day
of _____, 20__.

Notary Public

617.20
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? Describe: <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

Reset

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

<p>A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, coordinate the review process and use the FULL EAF.</p>
<p>B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)</p> <p>C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:</p> <p>C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:</p> <p>C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:</p> <p>C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:</p> <p>C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:</p> <p>C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:</p> <p>C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:</p>	
<p>D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	
<p>E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:</p>	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
<hr/> Name of Lead Agency	<hr/> Date
<hr/> Print or Type Name of Responsible Officer in Lead Agency	<hr/> Title of Responsible Officer
<hr/> Signature of Responsible Officer in Lead Agency	<hr/> Signature of Preparer (If different from responsible officer)

Reset

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MEMORANDUM OF DISCLOSURE

PROJECT: _____

This is a Memorandum of Disclosure in compliance with Section 809 of the General Municipal Law intended to disclose to the Town of Neversink Zoning Board of Appeals the nature and extent of the interest of the undersigned in the project above referenced.

Name: _____

Address: _____

Nature of Conflict: _____

Interest in Application: _____

As a result of the conflict herein above disclosed, I will not be in a position to give advice to the Zoning Board of Appeals or participate in a final decision of the Zoning Board of Appeals relative to this project.

Signed: _____

Dated: _____

ZONING BOARD OF APPEALS
Application Check List

- _____ 1. Completed and Notarized Application.
- _____ 2. List of Property Owners within 500 feet.
- _____ 3. Most Recent Deed.
- _____ 4. Portion of Tax Map with Property Outlined in Red.
- _____ 5. Notice of Disapproval from Code Enforcement Officer (if applicable).
- _____ 6. Drawing to Scale or Survey showing the Location and Size of the Existing and Proposed Improvements on the Property.
- _____ 7. Environmental Assessment Form.
- _____ 8. General Municipal Law Section 809 Affidavit (Memorandum of Disclosure, if applicable).
- _____ 9. Fee Schedule.

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FEE COMPUTATION SCHEDULE

Name of Applicant: _____
Location of Property: _____
Section/Block/Lot # _____
Type of Variance _____

APPLICATION FEE: **Payable upon initial application** \$25.00
Date received _____ By _____ \$ _____

PUBLIC HEARING FEE: **Payable prior to Public Hearing** \$25.00 per hearing
_____ Notices @ \$5.54 each totaling \$ _____
Total \$ _____
Date received _____ By _____

OTHER FEES: **Payable prior to Determination**
Purpose for Fee _____ \$ _____
_____ \$ _____
_____ \$ _____
Date received _____ By _____

TOTAL FEES PAID: \$ _____

Comments:

