Cayuga County
Zoning Board of Appeals

Sample Application for Area Variance ZBA Appeal

Appeal No.: _____
Hearing Date: _____
Receipt No.: _____

1. Type of Appeal

Appeal is made herewith for an area variance from the Zoning Ordinance.

2. Appellant Information

APPELLANT:

_____
(Name)

_____
(Address) (City) (State) (Zip Code)

_____ / _____ / _____
(Phone) (Fax) (Email)

PROPERTY OWNER (if different)

_____
(Name)

_____
(Address) (City) (State) (Zip Code)

_____ / _____ / _____
(Phone) (Fax) (Email)

3. Location of Property

_____ / _____ / _____
(Number and Street) (Tax Map Number) (Use District on Zoning Map)

4. Provision(s) of the Zoning Ordinance Appealed (Indicate the article/section/subsection/paragraph)

_____

5. Previous Appeal

A previous appeal ( ) has ( ) has not been made with respect to this proposal and was (were) made in

Appeal No. _____, dated _____
Appeal No. _____, dated _____
Appeal No. _____, dated _____
Appeal No. _____, dated _____

6. Description of the Appeal

What is it that you want to do? _____
_____
_____
_____
_____
_____

How does the Zoning Ordinance prevent you from doing what you want to do? _____
_____
_____
_____
_____
_____

7. Criteria for Area Variance Review

State statute requires the Zoning Board of Appeals to consider the following criteria and then to balance the benefit to the applicant if the variance is granted against the detriment to the health, safety and welfare of the community or neighborhood.

A. Will an undesirable change be produced in the character of the neighborhood - or - will the granting of this variance be a detriment to nearby properties? _____

Why? _____
_____
_____

B. Can the benefit you seek be achieved in some way other than an area variance? _____

If yes, what is that way? _____
_____
_____

C. Is the variance substantial? _____

Why? _____
_____
_____

D. Will the variance have an adverse impact on the physical or environmental conditions in the neighborhood or district? _____

Why? _____
_____
_____

E. Is the alleged difficulty self-created? _____

Why? _____
_____
_____

F. Is this the minimum variance necessary and adequate to achieve your goal? _____

8. Certification

I certify that the information submitted with the appeal is true to the best of my knowledge and belief, and that I have read and am familiar with those sections of the Town/Village of _____ Zoning Ordinance that apply to this appeal. I also acknowledge that the Board of Zoning Appeals may visit the property and specifically permit such visits.

_____
(Signature of Land Owner)

_____
(Date)

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