

Village of Altamont

P.O. Box 643 Altamont, NY 12009

Telephone (518) 861-8554 ext 17 Fax (518) 861-5379

Checklist for Variance

Return to:

Village of Altamont
115 Main Street, PO Box 643
Altamont, NY 12009
(518) 861-8554 Ext 17

Fees:

To Be Determined
(Payable at time of Submittal to Village)

APPLICANT INFORMATION:

Name: _____

Address: _____

Daytime Phone #: _____

E-mail: _____

Date: _____

PROPERTY INFORMATION:

Owner: _____

Location: _____

Tax Map #: _____

Zoning: _____

Acreage: _____

Request for: _____ Use Variance _____ Area Variance

MUST BE SUBMITTED:

:

1) 15 copies of Application

2) 15 copies of conditional purchase contract or rental agreement if applicable

3) 15 copies of project narrative containing the following: reasons which necessitate the need for a variance including a brief detailed description of the project

4) 15 copies Architectural drawings of proposed project

5) 15 copies of survey or plot plan (including a North Arrow) showing proposed project with

- side setbacks
- front and rear setbacks
- all existing buildings
- location of proposed construction
- total size of parcel
- all topographic elevations necessary to show proposed variance

6) 15 copies completed SEQRA

7) 15 copies of the Area Variance Conditions Form

OTHER AGENCY APPROVALS OR RECOMMENDATIONS AS REQUIRED

- | | |
|-------------------------------------|----------|
| 1) NYS Department of Transportation | 765-2841 |
| 2) Albany County Health Department | 447-4631 |
| 3) Albany County Planning Board | 447-5660 |

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APPLICATION AND APPEAL TO THE ZONING BOARD OF APPEALS FOR A VARIANCE OR AN INTERPRETATION OF THE ZONING ORDINANCE OR ZONING MAP

DATE: _____

FEE: To Be Determined

To the Zoning Board of Appeals of the Village of Altamont

I, _____ of _____, Altamont, NY hereby appeal from the decision of the Zoning Administration Officer on my application for a zoning permit and hereby apply to the Zoning Board of Appeals for (check one below):

☐ An interpretation of the Zoning Ordinance or Zoning Map

☐ A Variance to the Zoning Ordinance or Zoning Map

1. LOCATION OF PROPERTY

Address: _____ Zoning: _____

TAX MAP NUMBER: _____

2. INTERPRETATION OF THE ZONING ORDINANCE IS REQUESTED BECAUSE:

3. VARIANCE TO THE ZONING ORDINANCE IS REQUESTED FOR:

(a) Applicant shall also complete and submit form outlining conditions from NYS Village law pertaining to area variances.

The applicant hereby certifies that he is the owner of record of the above property or has been duly authorized in writing by the owner of record to make this application.

Signature of Applicant

AREA VARIANCE CONDITIONS

The Village of Altamont Zoning Board of Appeals will not consider any application for an area variance complete until the following application is completed in full and submitted to the Zoning Department. The Zoning Board of Appeals will evaluate the applicant's responses and determine whether the applicant has adequately met the conditions for an area variance. The applicant is encouraged to attach additional sheets if necessary to fully answer the questions. The following conditions for an area variance are from Article VII, Section 61 D (3) of the Village of Altamont Zoning Law.

- 1) Whether 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:

- 2) Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance:

- 3) Whether the requested area variance is substantial:

- 4) Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district and:

- 5) Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Zoning Board of Appeals, but not necessarily preclude the granting of the area variance:
