

TOWN OF THROOP
ZONING BOARD OF APPEALS
AREA VARIANCE APPLICATION

NAME OF APPLICANT:

DATE:

ADDRESS:

_____ Road Address

_____ City _____ State _____ Zip Code

_____ (Area Code) Phone Number

LOCATION OF PROPERTY:

_____ Road Address

_____ City _____ State _____ Zip Code

_____ (Area Code) Phone Number

TAX MAP NUMBER: _____

The applicant understands that: (please mark or check to acknowledge that you have read each)

The area variances, if granted shall be the minimum variance necessary and adequate, while preserving and protecting the character of the neighborhood and the health, safety, and welfare of the community.

The ZBA shall consider 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.

Reason for Appeal: Please give a detailed description. Attach extra sheets if needed.

What is it that you want to do? How does the Zoning Ordinance prevent you from doing what you want to do? Please include variance(s) requested & reasons supporting each request.

Town of Throop Area Variance Application (continued)

Please attach a sketch and/or map of the property in question. (Include locations and outlines of all buildings, private wells, septic tank, leach field, etc., as well as distances, dimensions, setbacks, etc. Please be detailed and specific.

Please attach names and addresses of all property owners whose property touches on this one. Also, include any that are situated directly across a public or private road from this property

For new structures, detailed drawings showing finished project to scale, as viewed from adjacent and street view will be required to facilitate application.

Previous Appeal: Have any other appeals been previously made with respect of this property? If so, please indicate below, when and the result of the appeal.

NO

YES

DATE:

RESULT (GRANTED OR DENIED):

The applicant shall respond in writing to the following required criteria. (use additional sheets if needed)

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. Applicant response:

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. Applicant response:

3. Whether the requested area variance is substantial.

Applicant response:

4. Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; Applicant response:

5. Whether the alleged difficulty was self-created, which shall be relevant to the decision of the Board but which shall not necessarily preclude the granting of the area variance. Applicant response:

I CERTIFY THAT THE INFORMATION SUBMITTED WITH THIS APPEAL IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER ACKNOWLEDGE THAT MEMBERS OF THE ZONING BOARD OF APPEALS MAY WISH TO VISIT THE PROPERTY AND SPECIFICALLY PERMIT SUCH VISITS.

Signature of Applicant*

*Only owner(s) of the property to which this appeal applies, or agents designated in writing by such ownership(s), may sign this application.

PROCEDURE SUMMARY

1. Pre-application meeting / ZEO Denial of Permit
2. Submittal Deadline (Two [2] weeks prior to ZBA meeting date)
3. Preliminary Zoning Board of Appeals review of application
 - a. Determine completeness
 - b. Request additional information or submissions
 - c. Schedule Site visit and formal review meeting date
 - d. Refer application to other agencies (if applicable)
4. Formal Zoning Board of Appeals Review
 - a. Public hearing
 - b. Receipt of referral recommendations
 - c. Final action and adoption of resolution