



TOWN OF CAIRO ZONING BOARD of APPEALS

PO Box 728, Cairo, NY 12413

Attn: George Kleinmeier, Chairman

APPLICATION FOR A USE VARIANCE

Appeal Concerns Property at the following address: _____

Tax Map Number: Section _____ Block _____ Lot _____

Zoning District Classification: _____

Date Applicant Acquired Property: _____

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

The applicant's appeal from a decision of the Zoning Enforcement Officer concerns the following:

_____ Denial of a Zoning Permit Application (Attach to Application)

_____ Denial of an Application for a Certificate of Occupancy (Attach to Application)

For the Proposed Activity: _____

Denial was made based on the following sections of the Zoning Code: _____

Date of Zoning Enforcement Officer's Decision: _____

State what type of use variance you are requesting: _____

TEST: No use variance will be granted without showing by you (the applicant) that applicable zoning regulations and restrictions have caused unnecessary hardship. The following tests must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit. Below please briefly describe how each of the four variance tests are met. Attach all supporting materials.

1. The applicant cannot realize a reasonable return, as shown by competent financial evidence.

The lack of return must be substantial:

Proof: _____

2. The alleged hardship relating to the property is unique.
(The hardship may not apply to a substantial portion of the zoning district or neighborhood.):

Proof: _____

3. The requested use variance, if granted, will not alter the essential character of the neighborhood:

Proof: _____

4. The alleged hardship has not been self-created:

Proof: _____

Applicant: _____ **Telephone:** _____

Mailing Address: _____

Email address: _____

Signature: _____ **Date:** _____