



**TOWN OF CAIRO ZONING BOARD of APPEALS**

PO Box 728, Cairo, NY 12413

**APPLICATION FOR AN AREA VARIANCE:**

Appeal Concerns Property at the following address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

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 or Code Enforcement Officer, or on direct appeal from the planning board as permitted by State Law, concerns the following:

\_\_\_\_\_ Denial of an Application for a Zoning or Building Permit (Attach to Application)

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

For the Proposed Activity: \_\_\_\_\_

Denial was made because of a violation or conflict with the following Building /Zoning Code(s):

\_\_\_\_\_

\_\_\_\_\_

Date of Enforcement Officer's Decision: \_\_\_\_\_

State what type and size of an area variance you are requesting, ex. Front setback variance, side yard variance, or other:

\_\_\_\_\_

State the reason you are applying for the area variance: \_\_\_\_\_

\_\_\_\_\_

Describe the character of the neighborhood: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List all Owners whose property bounds upon any portion of subject property including the property directly across the street and bordering it. (Please use an additional sheet if needed)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

(If more than seven owners, then write them on the back of this page)

Please be aware that per New York Town Law § 267-b (items 1 through 5 below), that the zoning board of appeals must take into consideration the following factors and base their decision on them:

“(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.”

“(5) Whether the alleged difficulty was self-created.”

You can find further information online at the Department of State website:

<http://www.dos.ny.gov/lg/publications/GuidelinesforApplicantstotheZoningBoardofAppeals.pdf>

OFFICE USE ONLY:

Application fee paid \_\_\_\_\_ Check #/Receipt # \_\_\_\_\_

Application No. V- \_\_\_\_\_, Date of Appeal: \_\_\_\_\_, (Postmark or Hand Delivered)

Date of Receipt by Board: \_\_\_\_\_, Date of Public Hearing: \_\_\_\_\_,

Date of Final Action: \_\_\_\_\_, Date of Filing of Decision with the Municipal Clerk: \_\_\_\_\_,