



VILLAGE OF TIVOLI
HISTORIC WATTS DEPEYSTER HALL
PO Box 397 ~ TIVOLI, NY 12583-0397

BUILDING & ZONING DEPARTMENT
EMAIL: BIZEO@TIVOLINY.ORG
OFFICE: 845.757.2021 ~ FAX: 845.757.5416

Zoning Board of Appeals Application

Appeal # _____

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Phone Number(s): _____

Property Owner: _____

Property Street Address: _____

Tax Map Grid/Parcel 134089- _____ Zoning District: _____

Zoning Ordinance (Local Law) Appealed: _____

MINIMUM VARIANCE REQUIRED:

Please check the type of appeal:

Type of Appeal: () Area Variance () Interpretation

Decision of the Code Enforcement Officer: () Interpretation

A previous area variance was submitted: Appeal: _____

Date: _____

Please respond to the following 1-5 questions. Provide a description of the proposed activity with regards to the following standards. (Attached additional pages as necessary).

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) Will there be an adverse effect or impact on physical or environmental conditions in the neighborhood or district?

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

By His/her signature the Applicant acknowledges that:

- 1) He/She has read this application and is familiar with its content; and
- 2) He/She has read, is familiar with, and understands the requirements of the Village of Tivoli Code provision(s) affecting or regulating the project for which this application is made; and
- 3) He/She agrees to comply with the requirements of the Village of Tivoli Code provision(s) affecting or regulating the project for which this application is made including any general or special conditions of any permits or approvals granted by any board, agency, or department of the Village of Tivoli; and
- 4) He/She has read this statement and understands its meaning and its terms.

Signature of Property Owner or Agent with Authorization Letter

Date

Applicant(s) Signature:

Name:

Print:

Date:

For Office Use Only:

Appeal Number: _____

Application Fee: _____ Date: _____

Escrow Fee: (if applicable) _____ Date: _____

All Paperwork must be received by application deadline to be on the ZBA Agenda. This includes, but is not limited to the following:

1. Complete and Sign Application by Property Owner or Letter of Authorization for Agent/Agency. (Name to be printed and signed)
2. Variance (Area, Use or Interpretation) Form completed.
3. SEQR Completed, sign and print name by Property Owner/Agent.
4. **A. Nine (9) Copies of Signed & Stamped survey map to scale** showing the precise Setbacks (both current & with proposed variance request), Road Frontage, and/or Acreage of Area, so an Accurate Variance May be Granted.

All maps must be folded. Maps that are not folded will not be accepted.

B. All applications and re-submissions shall include a digital copy of all applications, forms, documents, and survey maps. All survey maps must be submitted on a flash drive for viewing during a meeting.

C. Electronic files must be submitted via email to bizeo@tivolinyny.org. The digital copy shall be in a pdf or other suitable write – protected image format capable of being opened and viewed using a Windows based software.

5. Applicants must mail out Notice of Variance request to neighbors within 300' of Property.
6. List of Names & Addresses must be obtained by reviewing the current Town Tax assessor records.
 - Must be mailed out fourteen (14) days before hearing date.
 - Must contain name of applicant, location of the parcel of land, brief description or identification of the proposal or legal notice.
 - Must specify date, time, and place of the public hearing
Sent out via United States Postal Service Certified or Registered Mail.

Receipt of the mailing must be submitted to Zoning Office/Department at a minimum of three working days prior to the meeting. The applicant shall provide to the Zoning Office/Department a copy of the required notice, a list of all the owners and their addresses to whom such notice was mailed by certified or registered USPS mail as required herein or copies of all mailing receipts.

Application Fees - Area Variance Fee \$800.00, Use Variance- \$1,000.00, Interpretation \$1,000.00