



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

APPLICATION FOR USE VARIANCE

Appeal # _____

Date: _____

1) Applicant(s): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Cell Number: _____

E-Mail Address: _____

2) Name and Address of Record Owner(s): _____

3) Name and Address of Attorney: _____

Telephone Number: _____

E-Mail Address: _____

4) Name and Address of Engineer/Architect/Surveyor:

Telephone Number: _____

E-Mail Address: _____

5) Grid Number(s): List all, if applicable

6) Zoning District:

Have any permits affecting the property been issued by any other governmental agency?

Yes ☐ No ☐ If yes, please list in detail (attach separate pages if necessary):

7) Has any application(s) for any other permits for any activity affecting this property been submitted to any other governmental agency?

Yes ☐ No ☐ If yes, please list in detail (attach separate pages if necessary):

Attach a copy of the current deed and any easements affecting the property.

Provide a full description of the proposed activity with regard to the following standards. (Attach additional pages as necessary). In order to prove unnecessary hardship, the applicant shall demonstrate to the Zoning Board of Appeals for each and every permitted use under the zoning regulations for the particular district where the property is located:

1) The applicant cannot realize a reasonable return, provided that lack of return is substantial as demonstrated by competent financial evidence, and

2) That the alleged hardship relating to the property in question is unique and does not apply to a substantial portion of the district or neighborhood, and

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

4) That the alleged hardship has not been self-created: _____

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 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:

Application #: _____

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. Completed and Sign Application by Property Owner or
2. Letter of Authorization for Agent/Agency. (Name to be printed and signed)
3. Type of Variance Form completed.
4. SEQR Completed, sign and print name by Property Owner/Agent.
5. A. **Nine (9) Copies of Application, Environmental Assessment Form, Interest of Disclosure and Signed & Stamped survey map to scale 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 clerk@tivoliny.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.

6. Applicants must mail out Notice of Variance request to neighbors within 300' of Property.

- 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