

TOWN OF COLTON, NY
APPLICATION FOR AREA VARIANCE

Application # _____

Zoning District _____

Parcel ID # _____

Fee _____

Date ZBA Chair Received Application _____

Referrals: **County** **APA** **SEQR**

TO THE BOARD OF ZONING APPEALS:

I, _____, the owner of the property located at _____ hereby petition the Board of Zoning Appeals of the Town of Colton, NY to grant a variation of the Zoning Code Section(s) _____, to allow the following as described below or shown on the accompanying drawings which have been denied by the Zoning Officer / Building Inspector, as specified on the attached Notice of Noncompliance (attach additional sheets as necessary to address any of the following sections).

Describe your application as proposed and attach sketch plans with setback measurements for side, front, rear as pertains to your proposal.

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FIVE TESTS FOR AREA VARIANCE

1. Will an undesirable change be produced in the character of the neighborhood, or will a detriment to nearby properties be created by the granting of the area variance?
2. Can the benefit you are seeking be achieved by some method other than an area variance?
3. Is the requested area variance a substantial one?
4. Will the proposed variance have an adverse effect, or impact on, the physical or environmental conditions of the neighborhood?
5. Has the alleged difficulty been self created?
This consideration shall be relevant to the Zoning Board of Appeals, but not necessarily preclude the granting of the variance.

The Zoning Board of Appeals, in the granting of area variances, shall grant the minimum variance that it deems necessary and adequate, while at the same time preserving and protecting the character of the neighborhood and the health, safety, and welfare of the Colton Community.

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You are encouraged to notify your neighbors of your proposal. You will receive a notice in the mail of the date when your application will be reviewed.

Mark All of the Utilities and Services Available

Municipal Water System

Public Sewer System

Private Well

Private Septic System

Storm Drains

Fire Protection

Electricity

Natural Gas

Mailing Address

Phone Number

Email Address

Date Signed

Name of Applicant

Signature of Applicant

***Applications may be dropped off at the
Colton Town Hall – 94 Main Street Colton, NY;
or emailed to Code Enforcement Officer
Darren Richards at codeenf@townofcolton.com.***