TOWN OF KIRKWOOD
BUILDING AND CODE ENFORCEMENT DEPT.

TELEPHONE: (607) 775-4313 | **MAILING ADDRESS:** 70 CRESCENT DR. | **LOCATION:** 41 FRANCES ST. KIRKWOOD, NY 13795 | **FAX:** (607) 775-9924 | **E-MAIL:** bldgcode@townofkirkwood.org

ZONING BOARD OF APPEALS

We welcome your interest in obtaining information for the Zoning Board of Appeals Board in the Town of Kirkwood.

Please refer to the Town of Kirkwood Codes as follows:

Town of Kirkwood Zoning Local Laws

-Article XV
  -Zoning Board of Appeals Rules
    -Section 1501 - Zoning Board of Appeals
    -Section 1501.3 - Meetings
    -Section 1501.5 - Appeals and Procedures
    -Section 1501.6 - Hearings
    -Section 1501.7 - Referrals
    -Section 1501.8 - Decisions

-Article XVI
  -Section 1606 - Administration Fees
    -Application - $50.00
    -Publication Costs - $75.00
    (Make check for $125.00 payable to Town of Kirkwood)

Application for Zoning Board of Appeals is attached.

If you have any questions, please contact me at 607-775-4313.

Chad Moran
Chad Moran
Building and Code Enforcement Officer

CAM/cap

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ZONING BOARD OF APPEALS
APPLICATION FOR APPEAL

(Internal Use Only)

Zoning Board of Appeals meeting date: _____

Zoning Board of Appeals #: _____

Application Fee: $50.00 Cash/Check# _____ Dated: _____

Date _____ Publication Fee: $75.00 Cash/Check# _____ Dated: _____

Cash Receipt #: _____ Dated: _____

TO: The Zoning Board of Appeals, Kirkwood, New York 13795

I (We) _____ of _____
(Name of Applicant) (Mailing Address)

_____, _____
(State, Zip)

Telephone: _____ Fax: _____ Email: _____

Hereby appeal to the Zoning Board of Appeals, whereby the enforcement officer did deny a:

( ) Building Permit #_____ date_____
( ) Sign Permit #_____ date_____
( ) Certificate of Occupancy #_____ date_____
( ) Floodplain Development Permit #_____ date_____
( ) Special Use Permit or extension thereof
( ) Special Use Permit extension for cell tower
( ) Other _____

Owner of Property (name and address): (if different from Name of Applicant above:

_____
_____
_____

Location of property (address):

_____
_____

Mailing address (if different from above):

_____
_____

Tax Map No.: _____ Use District on Zoning Map: _____

Project name: _____

Brief project description: _____
_____
_____
_____
_____
_____
_____
_____

Is property located within 500 ft. (1500 ft. for cell tower): (check all which apply)

	YES	NO
a) Any Town of Kirkwood Municipal boundary	_____	_____
b) State/County Road	_____	_____
c) Under Article 25AA of the County Law, a farm located in an Agricultural District	_____	_____
d) State/County Park or Other Recreation Area	_____	_____
e) State/County Drainage way/Watercourse	_____	_____
f) State/County-owned land on which a public building or institution is located	_____	_____

TYPE OF APPEAL

Appeal is made herewith for:
( ) an area variance
( ) a use variance
( ) an interpretation of the zoning ordinance or zoning map
( ) an application for a Special Use Permit
( ) an extension to a Special Use Permit
( ) special permit 280A

Previous appeal ( ) has or ( ) has not been made with respect to the decision of the Enforcement Officer or with respect to this property. If so, such appeal(s) was (were) made with Appeal No._____ dated _____.

REASON FOR APPEAL (Use extra sheet if necessary)

a) Interpretation for the zoning ordinance is requested because_____
_____

b) A Special Permit is required pursuant to Article_____ of the Zoning Ordinance because_____
_____

c) Extension to a Special Permit is requested because_____
_____
_____

d) A **USE** variance is requested for these reasons: (all reasons must be answered)

1. The applicant cannot realize a reasonable return, provide that lack of return is substantial as demonstrated by competent financial evidence because_____
_____
_____
_____

(continued on page 3)

(continued from page 2)

2. The alleged hardship relating to the property in question is unique and does not apply to a substantial portion of the district or neighborhood because_____

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

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

e) An **AREA** variance is requested for these reasons: (all reason must be answered)

1. No undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by granting of the area variance because_____

2. The benefit sought cannot be achieved by some method feasible for the applicant to pursue other than an area variance because_____

3. The requested area is not substantial because_____

4. The proposed variance will have no adverse effect or impact on the physical or environmental conditions in the neighborhood because_____

5. The alleged difficulty was not self-created because_____

Environmental Assessment Form: Short_____ Long_____ n/a_____

239 Review Submission Form necessary? YES_____ NO_____

Fifteen (15) copies of plans, maps, bound material, color brochures, and any extra pertinent information must be supplied by applicant and be received by the Building Code Officer at LEAST 35 days prior to the scheduled Zoning Board of Appeals meeting. The Zoning Board meets on the third Monday of each month.

Application Fees:
Zoning Local Law
Article XVI
Section 1606 - Administration Fees

1. $50.00, plus cost of publication of legal notice in town newspaper
2. The publication cost for legal notice in the official town newspaper under subsection B (1) shall be $75.00, unless otherwise provided by the Town Building Inspector (Added 11/3/14).

The forgoing certification as well as the contents of this entire application is hereby subscribed by the applicant and is hereby affirmed by the applicant as true under the penalties of perjury.

Date:_____

Applicant **Print** Name:_____

Applicant **Sign** Name:_____

03/24