

APPLICATION ID NUMBER

AREA VARIANCE APPLICATION

VILLAGE OF HUDSON FALLS
Zoning Board of Appeals
220 Main Street
Hudson Falls, NY 12839 (518)747-5426

PART I - GENERAL INFORMATION (To be completed by Applicant)

1. APPLICANT NAME _____ ADDRESS _____ TELEPHONE NO. _____ 3. APPLICANT'S AGENT: _____ ADDRESS: _____ TELEPHONE NO. _____	2. PROPERTY OWNER NAME _____ ADDRESS _____ TELEPHONE NO. _____ 4. PROPERTY LOCATION: _____
5. ZONE CLASSIFICATION _____ TAX MAP NO. _____	
6. AMOUNT OF LAND AFFECTED: _____ ACRES 7. DATE PROPERTY WAS PURCHASED: _____	
8. WHAT IS PRESENT USE OF PROPERTY? _____	
9. WHAT IS PRESENT LAND USE IN VICINITY OF SUBJECT PROPERTY? ☐ RESIDENTIAL ☐ INDUSTRIAL ☐ COMMERCIAL ☐ AGRICULTURE ☐ PARK/FOREST/OPEN SPACE ☐ OTHER DESCRIBE: _____	
10. DESCRIBE PROPOSED USE OF PROPERTY: _____	
PLEASE ANSWER THE FOLLOWING QUESTIONS (ATTACH ADDITIONAL SHEETS, IF NECESSARY)	
11. WILL THE REQUESTED VARIANCE, IF GRANTED, PRODUCE AN UNDESIRABLE CHANGE IN THE CHARACTER OF THE NEIGHBORHOOD OR DETRIMENT TO NEARBY PROPERTIES? EXPLAIN: _____	
12. CAN THE BENEFITS SOUGHT BY THE APPLICANT BE ACHIEVED BY SOME OTHER METHOD, FEASIBLE FOR THE APPLICANT TO PURSUE, OTHER THAN AN AREA VARIANCE? EXPLAIN: _____	
13. IS THE REQUESTED AREA VARIANCE SUBSTANTIAL? EXPLAIN: _____	
14. WILL THE PROPOSED AREA VARIANCE HAVE AN ADVERSE IMPACT OR EFFECT ON THE PHYSICAL OR ENVIRONMENTAL CONDITIONS IN THE NEIGHBORHOOD OR DISTRICT? EXPLAIN: _____	
15. HAS THE ALLEGED DIFFICULTY BEEN SELF-CREATED? EXPLAIN: _____	

ADDITIONAL REQUIREMENTS

A. PROVIDE A PLOT PLAN OF THE SUBJECT PROPERTY INCLUDING ALL PROPOSED ADDITIONS OR MODIFICATIONS, IF ANY, DRAWN TO SCALES, OF 1"=40'. THE PLOT PLAN MUST INCLUDE THE LOCATION AND DIMENSIONS OF ALL EXISTING AND PROPOSED STRUCTURES, INCLUDING FENCES AND POOLS, AND ALL DRIVEWAYS, PARKING AREAS AND AREAS OF INGRESS AND EGRESS.

B. COMPLETE THE ATTACHED SEQR ENVIRONMENTAL ASSESSMENT FORM. THE ZONING BOARD OF APPEALS RESERVES THE RIGHT IN EACH INSTANCE TO REQUIRE THE APPLICANT TO COMPLETE A LONG OR FULL ENVIRONMENTAL ASSESSMENT FORM.

C. FILE THE ORIGINAL AND EIGHT (8) COPIES OF THE VARIANCE APPLICATION SIGNED BY THE APPLICANT, AND, IF NECESSARY, BY THE APPLICANT'S AGENT, TOGETHER WITH ENVIRONMENTAL ASSESSMENT FORM AND ANY ADDITIONAL OR SUPPORTING DOCUMENTATION AND THE APPLICATION FEE WITH THE VILLAGE CLERK. FOR APPLICATION FILING DEADLINES, CONTACT THE VILLAGE CLERK.

SITE LOCATION: IN THE SPACE PROVIDED BELOW, PLEASE PROVIDE A SKETCH OF THE LOCATION OF THE SUBJECT PROPERTY INCLUDING STREETS AND LANDMARKS.

I, _____, HEREBY CERTIFY THAT I AM THE APPLICANT IN THE WITHIN AREA VARIANCE APPLICATION AND THAT I HAVE READ THE INFORMATION CONTAINED IN THIS APPLICATION AND IT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE _____ TO SERVE AS MY AGENT FOR THIS APPLICATION AND TO REPRESENT MY INTEREST BEFORE THE ZONING BOARD OF APPEALS

DATE: _____ APPLICANT'S SIGNATURE: _____

DATE: _____ AGENT'S SIGNATURE: _____

YOUR APPLICATION MAY BE SUBJECT TO REVIEW BY THE WASHINGTON COUNTY PLANNING BOARD. A COPY OF THIS APPLICATION IS BEING SENT TO WASHINGTON COUNTY. THE WASHINGTON COUNTY PLANNING BOARD MEETS ON THE SECOND MONDAY OF EACH MONTH AT 7:00 PM. QUESTIONS SHOULD BE DIRECTED TO THE OFFICE OF WASHINGTON COUNTY DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT AT 746-2290.