

Permit # _____

VILLAGE OF DANSVILLE / TOWN OF NORTH DANSVILLE
Code Enforcement Office
14 Clara Barton Street, Dansville NY 14437
(585) 335-6955

APPLICATION FOR ZONING PERMIT Area Variance

APPLICATION DATE: _____

APPLICATION IS HEREBY MADE to the Zoning Board of Appeals for the issuance of a Zoning Permit, pursuant to the Zoning Ordinance of the Town/Village of Dansville for the use as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations. "**Area Variance**" shall mean the authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by the dimensional or physical requirements of the applicable zoning regulations.

1. APPLICANT(s) / PROPERTY OWNER:

Name : _____ Tel. No.: _____
Address: _____

2. LOCATION OF LAND FOR PROPOSED VARIANCE:

Address: _____

Tax Map No.: _____

Size & Area of lot: _____ ft. by _____ ft. = _____ sq. ft.

Zone District: _____ Class Use: _____

3. PRESENT USE IS: ☐ Residential – Number of dwelling units _____

☐ Commercial – Type _____

☐ Industrial – Type _____

☐ Accessory Building – Describe _____

☐ Other – Describe _____

4. PROPOSED CHANGE/USE or OCCUPANCY: _____

5. Provision(s) of the Zoning Law of the Village of Dansville / Town of North Dansville, affected by this application:

Article(s): _____ Section(s): _____

6. IF the AREA VARIANCE is granted, will the applicant be performing the changes? Yes _____ No _____

7. IF NOT, please provide the Name, Address and Phone number of the Contractor(s): _____

8. Please describe in detail, if the benefit can be achieved by other means feasible to applicant (be specific): _____

9. Please explain why the area variance, **if granted**, will not affect the character of the health, safety and welfare of the neighborhood: _____

10. Please explain why the area variance request is not a substantial change to the current requirements of the Zoning Law as it is: _____

11. Please explain how your area Variance request will not have adverse physical or environmental effects: _____

12. Please explain how the alleged difficulty in question, **is not** self-created by the applicant: _____

❖ Remember that it is the sole responsibility of the applicant to provide sufficient information and documentation concerning this application. Because the determination is made solely on the basis of the information provided to the Zoning Board of Appeals, it is to the applicant's benefit to include as much supporting information as possible.

❖ I / We hereby consent to allow members of the Zoning Board of Appeals, upon reasonable notice to me / us, the right of access to the property for the purpose of viewing and inspecting, that which is a subject matter of the proceeding herein before the Zoning Board of Appeals.

❖ I / we certify that the information submitted with this application for the use variance is true to the best of my / our knowledge and belief.

Signature of Applicant

Date

Signature of Applicant

Date

Action by the Board of Appeals of the Town/Village of Dansville on the above stated matter:

Dated: _____ 20____

Attest: _____
Secretary, Board of Appeals

_____	Chairman
_____	Member
_____	Member
_____	Member
_____	Member