

APPLICATION FOR USE VARIANCE

Form: TOZBA-3

Zoning Board of Appeals

Town of Otego, NY

Instructions: Fully complete this application. Write "NA" when "non-applicable". Application, complete with fee, shall be filed with the Zoning Officer at the Town Municipal Building or mailed to PO BOX 455, Oneonta, NY 13820 at least 10 days before the meeting.

Note that if the application is not complete it will be returned.

The applicant(s) name _____

PLEASE PRINT

(is) (are) the owner (s) of property situated at the following address:

Tax Map Parcel No. _____ - _____ - _____

Applicant (owner) address: _____

The above described property was acquired by the applicant on: _____

Basis for Request:

I, the applicant, hereby appeal to the Zoning Board of Appeals from the decision of the Zoning Officer to deny my application for

Building Permit

Certificate of Occupancy

(choose one)

for the following proposed activity: _____

_____.

This denial was made because of a violation(s) of requirements of the zoning ordinance section number (s) _____. This appeal is made for a change of use variance.

All applicants complete the following:

- a. Zoning district classification _____
- b. Proposed use _____
(residential, commercial, industrial)
- c. Date of Zoning Officer's decision: ____ / ____ / ____
- d. Attach a sketch plan.
- e. Attach notice of denial issued by Zoning Officer (Form ZEO-2)
- f. Attached a completed Part I of the Environmental Assessment Form (EAF) using the

(check one): () short form or () long form for this use variance request.

Use variances may be granted only upon your showing that the literal application of the zoning regulations will result in unnecessary hardship" which is shown only if you can pass each of the following four tests:

- 1) Show that the land in question cannot yield a reasonable return for **any** of the uses allowed in the zoning district. Such proof **must** be provided by competent financial evidence.
- 2) Show that your plight is due to unique circumstances and does not apply to substantial portion of the zone or neighborhood.
- 3) Show that your proposal, if authorized, will not alter the essential character of the neighborhood.
- 4) Show that the alleged hardship has not been self-created.

Signature(s) _____

Mailing Address: _____

Date ____ / ____ / ____ Telephone No. () _____

NOTE:

- 1. When applicable, Parts II and III of the EAF and the entire SEQR (State Environmental Quality Review) process must be completed by the Zoning Board of Appeals before the application can be considered complete.
- 2. The Zoning Board of Appeals will notify you of their action in writing (form ZBA-4) within 62 days of the date of the public hearing held on this application.