VILLAGE OF WAPPINGERS FALLS

BUILDING DEPARTMENT
OFFICE OF PLANNING AND ZONING
OFFICE OF CODE ENFORCEMENT
2582 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590
PHONE: (845) 297-5277 FAX: (845) 296-0379
E-mail: mdao@wappingersfallsny.gov
www.wappingersfallsny.gov

APPLICATION FOR USE VARIANCE

SUBMISSION REQUIREMENTS

1. All sections of the application form must be complete and accurate.
2. Application fee (non-refundable):cash or checks payable to "Village of Wappingers Falls"
3. The application must be filed with ten (10) copies of your appeal, together with ten (10) copies of all supporting documentation including:

_ "Letter of Denial"
_ If applicant is different from owner, provide notarized owner's consent in writing with the original signature
_ Affidavit of ownership
_ Contract of Sale or Lease, if applicable
_ EAF short form (or long form if deemed necessary).
_ Copies of financial evidence to support zoning hardship. They may include but are not limited to: cash flow analysis of property, income, bill of sale, recent appraisal of property, lease, rental agreements, tax bill, Realtor's Statement of inability to rent/sell.
_ Photographs of existing structure(s).
_ Drawings and surveys which reflect what exists and what is proposed.

APPLICATION DEADLINE:

In order to be on the following month's agenda you should submit a properly completed application fourteen (14) busi- ness days before the Zoning Board of Appeals meeting date. For the complete list of deadlines, go to the Village web site (www.wappingersfallsny.gov), and look under Government>Departments>Building, Planning & Zoning.
ZBA meetings begin at 7:30 p.m. and are usually held on the second Tuesday of each month; however, holidays, weather could necessitate the cancellation or rescheduling of a meeting. You are encourage to call the Building, Planning and Zoning office the day of the meeting to confirm the meeting.

VILLAGE OF WAPPINGERS FALLS

OFFICE OF BUILDING, PLANNING AND ZONING

(845) 297-5277 Fax: (845) 296- 0379

APPLICATION FOR A USE VARIANCE

APPEAL NUMBER: _____ **MEETING DATE:** _____

APPLICANT:

Name:_____

Address:_____

Phone Numbers: **(H)**_____ (C) _____

(E-mail) _____

PROPERTY OWNER:

Name: _____

Address:_____

Contact Phone Numbers. : (H)_____(C) _____

Email:_____

PROPERTY INFORMATION

Property Address (subject of appeal)-: _____

Tax Parcel#:_____ Date property acquired:_____

Dimensions:____ LotArea:____ ____sq. ft. Width ft. Depth:_____

Setback: _____ Front:_____ Rear:_____ Sides:_____

Permitted uses in this one:_____

Present use of property:_____ Proposed Use:_____

Deed Restrictions:_____

SECTION(S) OF ORDINANCE FROM WHICH VARIANCE IS REQUESTED:

_____

_____

DESCRIPTION OF APPEALS REQUESTED:

_____

_____

DATES AND DESCRIPTIONS OF PRIOR APPEALS, VARIANCES OR SPECIAL PERMITS FOR PROPERTY: _____

_____

PLANNING BOARD REVIEW DATE(S):_____

ENVIRONMENTAL REVIEW:_____

Return this form by mail or in person to:
Building, Planning and Zoning Department
2582 South Avenue, Wappingers Falls, NY 12590

VILLAGE OF WAPPINGERS FALLS
OFFICE OF BUILDING, PLANNING AND ZONING
(845) 297-5277 Fax: (845) 296- 0379

APPLICATION FORA USE VARIANCE (Continued)

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Use attachments if necessary)

1. What land use hardship exists on the property for which the appeal is made (consider all uses permitted by zoning when answering this question)?

2. What unique circumstance(s) or condition (s) peculiar to the land or structure (s) necessitate this variances?

3. Did the unique circumstance (s) or condition (s) exists prior to your purchase/ ownership/use ofland?

Explain: _____

4. How will the proposed use affect surrounding properties with respect to:

a. Noise and light disturbances?_____

b. Traffic floe?_____

c. Parking?_____

d. Sanitary problems?_____

e. Hazards? _____

f. Compatibility to permitted uses?_____

g. Pedestrian traffic?_____

h. Visual aesthetics?_____

i. Public services like schools, police, fire, water, sewer, and roads?_____

j. The health, security, moral or general welfare of residents, visitors or workers in the area?

AFFIDAVIT TO BE COMPLETED BY OWNER

State of _____ }
} ss:
County of _____ }

_____ being duly sworn, deposes and says:

1. That I/we are the Owner(s) of the within property as described in the foregoing application for Zoning Board of Appeals approval(s) and that the statements contained therein are true to the best of my/our knowledge and belief.

2. That I/we hereby authorize _____, to act as my/our representative in all matters regarding said application(s), and that I/we have the legal right to make or authorize the making of said application.

3. That I/we understand that by submitting this application for Zoning Board of Appeals approval that I/we expressly grant permission to the Zoning Board of Appeals and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Zoning Board of Appeals action.

4. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Village related to this application.

5. That I/we understand that I/we, and any of our contractors and representatives shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from non-compliance with the approved application, and with non-compliance with any provision of the Village Code. I/we acknowledge that approval of the plan and commencement of any work related to the approved application shall constitute express permission to the Zoning Board of Appeals, the Building Inspector, the Planning Department, the Zoning Administrator, and any duly authorized representative of the Village of Wappingers Falls, to enter the property for the purposes of inspection for compliance with the approved application and any provision of the Village Code, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that by submitting this application, and by approval of said application, including the commencement of any work related to the approved plan is an express waiver of any objection to authorized Village official(s) entering the property for the purpose of conducting inspections.

6. That I/we understand that the Zoning Board of Appeals intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we have examined this affidavit and that it is true and correct.

_____ _____
Applicant/Owner Applicant/Owner

_____
Notary Public

AFFIDAVIT TO BE COMPLETED BY AGENT OF OWNER

State of _____ }
} ss:
County of _____ }

_____ being duly sworn, deposes and says:

1. That I/we are the _____ named in the foregoing application for Zoning Board of Appeals approval(s) and that the statements contained therein are true to the best of my/our knowledge and belief.

2. That he/she resides at _____ in the County of _____ and the State of _____.

3. That I/we understand that by submitting this application for Zoning Board of Appeals approval that I/we expressly grant permission to the Zoning Board of Appeals and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Zoning Board of Appeals action. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Village related to this application.

4. That I/we understand that I/we, and any of our contractors and representatives shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from non-compliance with the approved application, and with non-compliance with any provision of the Village Code. I/we acknowledge that approval of the plan and commencement of any work related to the approved application shall constitute express permission to the Zoning Board of Appeals, the Building Inspector, the Planning Department, the Zoning Administrator, and any duly authorized representative of the Village of Wappingers Falls, to enter the property for the purposes of inspection for compliance with the approved application and any provision of the Village Code, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that by submitting this application, and by approval of said application, including the commencement of any work related to the approved plan is an express waiver of any objection to authorized Village official(s) entering the property for the purpose of conducting inspections.

5. That I/we understand that the Zoning Board of Appeals intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we has examined this affidavit and that it is true and correct.

_____ _____
Applicant/Agent Applicant/Agent

_____
Notary Public