

Application Number _____
Date Received _____

Tax Parcel Number _____

Town of Urbana Area Variance Application



Applicant
Name _____
Street _____
City _____
State/Zip _____
Telephone _____

Property Owner
Name _____
Street _____
City _____
State/Zip _____
Telephone _____

Location of Property: _____

Requesting Relief from the following Town Code: _____

Instructions:

- Complete all sections of this application and submit it to the Town Clerk.
- Include a detailed property map showing dimensions of existing and proposed structures, as well as setbacks of existing and proposed structures to structures, boundaries, septic system and water supply. (Sample map provided)
- This application constitutes an appeal from a decision of the Zoning Enforcement Officer denying a Zoning Permit. A copy of this decision must be attached.
- Complete the Short Environmental Assessment Review form. (Front page only)
- Include any additional attachments that you feel will adequately support your appeal, such as photographs, building plans, surveys, and tax maps.
- Include an application fee in the amount of \$75.00, payable to the Town of Urbana Clerk. The fee is nonrefundable in the event that your variance is denied.
- The Zoning Board of Appeals meets the third Wednesday of each month. All applications and submissions must be received by the Town Clerk at least 15 days prior to this meeting.
- Upon receipt of a completed application the Town Clerk will post a legal notice advertising the Public Hearing for your appeal and notify you of the time and date of the Public Hearing. You, or a duly authorized representative, must attend the Public Hearing.
- Upon the close of the Public Hearing the ZBA may be able to render a decision at that time.
- If the ZBA requires additional time, the decision must be reached within 62 calendar days. You will receive a written copy of this decision.
- Any variance granted which is not exercised within one year from the date of issuance must be declared to be revoked without further hearing by the Board of Appeals.

An *Area Variance* is the authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by the dimensional requirements of the applicable zoning regulations. New York State statutes now specifically set forth the rules for the granting of Area Variances. It is *only* the Zoning Board of Appeals that has the power to provide for such exceptions from Zoning requirements, and then *only* when the applicant can show that the legal requirements for a variance have been met can the Board of Appeals issue one. The appealing party may believe that an exception (variance) to the zoning laws should be made for his or her property. The applicant should present clear, definite facts showing that the standards have been met. The ZBA cannot grant relief where proper legal proof is not adequately presented.

Applicant Narrative: Please provide an overview of your project. Use addition pages where necessary.

State law requires the applicant to show that the benefit the applicant stands to receive from the variance will outweigh any burden to health, safety and welfare that may be suffered by the community. Please respond:

State law requires the ZBA to take the following factors into consideration in making its determination: Please respond to the following:

Will an undesirable change will be produced in the character of the neighborhood, or a detriment to nearby properties will be created by the granting of the area variance? Will your project result in any adverse affect on the character or quality of the neighborhood? If not, please justify your conclusions.

Can the benefit sought by the applicant be achieved by some method which will be feasible for the applicant to pursue but would not require a variance? Can your project be modified in a way to avoid the need for relief? If not, please explain why.

Is the requested area variance substantial? Are you asking for a large deviation from the applicable codes?

Will the proposed variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district?

Is the alleged hardship or difficulty self-created? What conditions on this property are unique to the property in question, and are not present in a substantial portion of the district or neighborhood? Explain why you “need” relief from the code versus “want” relief from the code.

Signature and Verification

Please be advised that no application can be deemed complete unless signed below.

I hereby certify that the information enclosed herewith and on the application is accurate and factual:

Signature of Applicant: _____ **Date:** _____

I, the record owner do hereby authorize _____ to represent me before the Zoning Board of Appeals during the area variance process:

Signature of Applicant: _____ **Date:** _____

Appendix C

State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
 For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;">I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</p> Applicant/sponsor name: _____ Date: _____ Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.
 Yes No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.
 Yes No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?
 Yes No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?
 Yes No If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination.

Name of Lead Agency	Date
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer
Signature of Responsible Officer in Lead Agency	Signature of Preparer (if different from responsible officer)