

# APPLICATION FOR AN INTERPRETATION

OFFICE USE ONLY
Application No. I- _____
Date of Appeal: _____ (Postmark or Hand Delivered)
Date of Receipt by Board: _____
Date of Public Hearing: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

Appeal Concerns Property at the following address:

\_\_\_\_\_  
\_\_\_\_\_

County Tax Map Section: \_ \_\_\_\_\_ Block \_\_\_\_\_ Lot: \_\_\_\_\_

The applicant's appeal concerns property (choose one):

\_\_\_\_\_ Owned by the Applicant or the Applicant as Agent for the Owner

\_\_\_\_\_ Which is Adjacent to or Nearby Property owned by the Applicant

(Indicate the Tax Map Parcel No. of Such Property \_\_\_\_\_)

Zoning Officer Decision Being Appealed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant Section(s) of Zoning Code: \_\_\_\_\_

Date of Zoning Enforcement Officer's Decision: \_\_\_\_\_

Reason for Appeal: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR AN AREA VARIANCE

## OFFICE USE ONLY

Appeal Concerns Property at the following address:

\_\_\_\_\_  
\_\_\_\_\_

County Tax Map Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning District Classification: \_\_\_\_\_

Date Applicant Acquired Property: \_\_\_\_\_

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

Application No. V- \_\_\_\_\_  
Date of Appeal: \_\_\_\_\_  
(Postmark or Hand Delivered)  
Date of Receipt by Board: \_\_\_\_\_  
Date of Public Hearing: \_\_\_\_\_  
Date of Final Action: \_\_\_\_\_  
Date of Filing of Decision with  
the Municipal Clerk: \_\_\_\_\_

The applicant's appeal from a decision of the Zoning Enforcement Officer, or on direct appeal from the planning board as permitted by State Law, concerns the following:

\_\_\_\_\_ Denial of an Application for a Building Permit (Attach to Application)

\_\_\_\_\_ Denial of an Application for a Certificate of Occupancy (Attach to Application)

For the Proposed Activity: \_\_\_\_\_  
\_\_\_\_\_

Denial was made because of a violation or conflict with the Zoning Code(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Zoning Enforcement Officer's Decision: \_\_\_\_\_

State what type and size of an area variance you are requesting, ex. 3 foot side yard variance:

\_\_\_\_\_  
\_\_\_\_\_

State the reason you are applying for the area variance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the character of the neighborhood: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPLICATION FOR A USE VARIANCE

OFFICE USE ONLY
Application No. UV- _____
Date of Application: _____ (Postmarked or Hand Delivered)
Date of Public Hearing: _____
Date of County Referral: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

Appeal Concerns Property at the following address:

\_\_\_\_\_  
County Tax Map Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Zoning District Classification: \_\_\_\_\_  
Date Applicant Acquired \_\_\_\_\_  
Property: \_\_\_\_\_

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

The applicant's appeal from a decision of the Zoning Enforcement Officer concerns the following:

- \_\_\_\_\_ Denial of an Application for a Building Permit (Attach to Application)
- \_\_\_\_\_ Denial of an Application for a Certificate of Occupancy (Attach to Application)

For the Proposed Activity: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Denial was made based on the following sections of the Zoning Code: \_\_\_\_\_  
\_\_\_\_\_

Date of Zoning Enforcement Officer's Decision: \_\_\_\_\_

State what type of use variance you are requesting: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEST: No use variance will be granted without showing by you (the applicant) that applicable zoning regulations and restrictions have caused unnecessary hardship. The following tests must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit. Below please briefly describe how each of the four variance tests are met. Attach all supporting materials.

1. The applicant cannot realize a reasonable return, as shown by competent financial evidence. The lack of return must be substantial:

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The alleged hardship relating to the property is unique. (The hardship may not apply to a substantial portion of the zoning district or neighborhood.):

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The requested use variance, if granted, will not alter the essential character of the neighborhood:

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The alleged hardship has not been self-created:

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# USE VARIANCE FINDINGS & DECISION

## OFFICE USE ONLY

Application No. UV- \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
(Postmarked or Hand Delivered)  
Date of Public Hearing: \_\_\_\_\_  
Date Notice Published: \_\_\_\_\_  
Date of County Referral: \_\_\_\_\_  
Date of Final Action: \_\_\_\_\_  
Date of Filing of Decision with the  
Municipal Clerk: \_\_\_\_\_

Applicant: \_\_\_\_\_

Appeal Concerns Property at the following address:

County Tax Map Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_  
Zoning District Classification: \_\_\_\_\_

Use for which Variance is Requested: \_\_\_\_\_

Applicable Section of Zoning Code: \_\_\_\_\_

Permitted Uses of Property: \_\_\_\_\_

TEST: No use variance will be granted without a showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship. The following tests must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit.

1. The Applicant cannot realize a reasonable return, as shown by competent financial evidence. The lack of return must be substantial.: Yes \_\_\_ No \_\_\_

Proof: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ILLUSTRATIONS OF FINANCIAL EVIDENCE

- Bill of sale for the property, present value of property, expenses for maintenance
- Leases, rental agreements
- Tax bills
- Conversion costs (for a permitted use)
- Realtor's statement of inability to rent/sell

2. The alleged hardship relating to the property is unique. (The hardship may not apply to a substantial portion of the zoning district or neighborhood.): Yes \_\_\_ No \_\_\_

Proofs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ILLUSTRATIONS OF UNIQUENESS

- Topographic or physical features preventing development for a permitted use
- Why would it be possible to construct the applicant's proposal and not any of the permitted uses?
- Board member observations of the property and surrounding area.

3. The requested use variance, if granted, will not alter the essential character of the neighborhood.: Yes \_\_\_ No \_\_\_

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ILLUSTRATIVE  
NEIGHBORHOOD  
CHARACTER FACTORS  
• Board members' observations of neighborhood.  
• Expected effect of proposal on neighborhood, for example, change in parking patterns, noise levels, lighting, traffic.

4. The alleged hardship has been self-created. : Yes \_\_\_ No \_\_\_

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SELF-CREATED  
• What were the permitted uses at the time the property was purchased by the applicant?  
• Were substantial sums spent on remodeling for a use not permitted by zoning?  
• Was the property received through inheritance, court order, divorce?

DETERMINATION OF ZBA BASED ON THE ABOVE FACTORS:

The ZBA, after reviewing the above four proofs, finds:

- That the applicant has failed to prove unnecessary hardship through the application of the four tests required by the state statutes.
- That the applicant has proven unnecessary hardship through the application of the four tests required by the state statutes. In finding such hardship, the ZBA shall grants a variance to allow use of the property in the manner detailed below, which is the minimum variance that should be granted in order to preserve and protect the character of the neighborhood and the health, safety and welfare of the community:

(USE) \_\_\_\_\_  
\_\_\_\_\_

CONDITIONS: The ZBA finds that the following conditions are necessary in order to minimize adverse impacts upon the neighborhood or community, for the reasons following:

Condition No. 1: \_\_\_\_\_

\_\_\_\_\_

Adverse impact to be minimized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition No. 2: \_\_\_\_\_

\_\_\_\_\_

Adverse impact to be minimized: \_\_\_\_\_

\_\_\_\_\_

Condition No .3: \_\_\_\_\_

\_\_\_\_\_

Adverse impact to be minimized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition No. 4: \_\_\_\_\_

\_\_\_\_\_

Adverse impact to be minimized: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Chairman, Zoning Board of Appeals    Date

## RECORD OF VOTE

	MEMBER NAME	AYE	NAY
Chair	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____
Member	_____	_____	_____



**ZONING BOARD OF APPEALS**  
**AREA VARIANCE FINDINGS & DECISION**

**OFFICE USE ONLY**

Application No. AV- \_\_\_\_\_  
Date of Application: \_\_\_\_\_  
(Postmarked or Hand Delivered)  
Date of Public Hearing: \_\_\_\_\_  
Date Notice Published: \_\_\_\_\_  
Date of County Referral: \_\_\_\_\_  
Date of Final Action: \_\_\_\_\_  
Date of Filing of Decision with the  
Municipal Clerk: \_\_\_\_\_

Applicant: \_\_\_\_\_

Appeal Concerns Property at the following address:

County Tax Map Section: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Zoning District Classification: \_\_\_\_\_

Requirement for which Variance is Requested: \_\_\_\_\_

Applicable Section(s) of Zoning Code: \_\_\_\_\_

TEST: No area variance will be granted without a consideration by the board of the following factors:

1. Whether undesirable change would be produced in character of neighborhood or a detriment to nearby properties: Yes \_\_\_ No \_\_\_

Reasons: \_\_\_\_\_

2. Whether benefit sought by applicant can be achieved by a feasible alternative to the variance: Yes \_\_\_ No \_\_\_

Reasons: \_\_\_\_\_

3. Whether the requested variance is substantial: Yes \_\_\_ No \_\_\_

Reasons: \_\_\_\_\_

4. Would the variance have an adverse impact on the physical or environmental conditions in the neighborhood: Yes \_\_\_ No \_\_\_

Reasons: \_\_\_\_\_

5. Whether the alleged difficulty was self-created: Yes \_\_\_ No \_\_\_

Reasons: \_\_\_\_\_

DETERMINATION OF ZBA BASED ON THE ABOVE FACTORS:

The ZBA, after taking into consideration the above five factors, finds that:

- the Benefit to the Applicant DOES NOT Outweigh the Detriment to the Neighborhood or Community and therefore the variance request is denied.
- the Benefit to the Applicant DOES outweigh the Detriment to the Neighborhood or Community.

Reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The ZBA further finds that a variance of \_\_\_\_\_ from Section \_\_\_\_\_ of the Zoning Code is the minimum variance that should be granted in order to preserve and protect the character of the neighborhood and the health, safety and welfare of the community because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONDITIONS: The ZBA finds that the following conditions are necessary in order to minimize adverse impacts upon the neighborhood or community, for the reasons following:

Condition No. 1: \_\_\_\_\_

Adverse impact to be minimized: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Condition No. 2: \_\_\_\_\_

Adverse impact to be minimized: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Chairman, Zoning Board of Appeals

\_\_\_\_\_  
Date

**RECORD OF VOTE**

MEMBER NAME

AYE NAY

Chair  
Member  
Member  
Member  
Member

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESOLUTION GIVING INTERPRETATION**  
**For Town/Village Use Only**  
**Zoning Board of Appeals**

Town / Village of \_\_\_\_\_, NY

OFFICE USE ONLY
Application No. UV- _____
Date of Application: _____ (Postmarked or Hand Delivered)
Date of Public Hearing: _____
Date Notice Published: _____
Date of County Referral: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

*WHEN TO USE THIS FORM: This form is used by the ZBA to express its opinion on Applications for Interpretation.*

The Town/Village of \_\_\_\_\_ Zoning Board of Appeals at a meeting duly convened on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ reviewed the facts in an application for an interpretation Town / Village Zoning Ordinance, Application No. \_\_\_\_\_, described as follows: \_\_\_\_\_

and

WHEREAS, said application requests an interpretation of zoning ordinance relevant to section no. \_\_\_\_\_, and

WHEREAS, the Board held a public hearing, duly published and posted, on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, and

WHEREAS, at said hearing all who were desired to be heard were heard and their testimony recorded, and

WHEREAS, all testimony has been carefully considered and the following pertinent facts noted: \_\_\_\_\_

NOW, THEREFORE BE IT RESOLVED, by the Zoning Board of Appeals that Application No. \_\_\_\_\_, an application for an interpretation by the applicant (name) \_\_\_\_\_ is hereby interpreted to be defined as follows: \_\_\_\_\_

\_\_\_\_\_  
Signature of appropriate ZBA officer

Date of Final Action \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date of Filing with  
Town/Village Clerk \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NOTICE OF HEARING**  
**For Town / Village Use Only**  
**Zoning Board of Appeals**

Town / Village of \_\_\_\_\_, NY

<b>OFFICE USE ONLY</b>
Application No. UV- _____
Date of Application: _____ (Postmarked or Hand Delivered)
Date of Public Hearing: _____
Date Notice Published: _____
Date of County Referral: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

*WHEN TO USE THIS FORM: This form is used by the ZBA to notify the official newspaper and interested parties of a scheduled public hearing.*

A public hearing before the Board of Appeals of the Town/Village of \_\_\_\_\_ will be held on the date of \_\_\_ / \_\_\_ / \_\_\_ at \_\_\_ PM at \_\_\_\_\_ (place) to consider the following application (check one):

( ) Application no. \_\_\_\_\_ for the property located at \_\_\_\_\_, \_\_\_\_\_, NY, for a variance of Article \_\_\_\_\_ of the zoning ordinance to permit the following:  
\_\_\_\_\_  
\_\_\_\_\_

( ) Application no. \_\_\_\_\_ for the property located at \_\_\_\_\_, \_\_\_\_\_, NY, for an interpretation of Article \_\_\_\_\_ of the zoning ordinance to determine whether or not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above application is open to inspection at the office of the Board of Appeals located at \_\_\_\_\_ (place) during the following times: \_\_\_\_\_.

Persons wishing to appear at such hearing may do so in person or by attorney or other representative.

Communications in writing in relation thereto may be filed with the Board, or at such hearing.

\_\_\_\_\_  
Signature of appropriate ZBA officer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

# AFFIDAVIT OF MAILING

For Town Use Only  
Zoning Board of Appeals

<b>OFFICE USE ONLY</b>
Application No. UV- _____
Date of Application: _____ (Postmarked or Hand Delivered)
Date of Public Hearing: _____
Date Notice Published: _____
Date of County Referral: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

Town /Village of \_\_\_\_\_, NY

*WHEN TO USE THIS FORM: This form is used by the ZBA to declare that a copy of a ZBA decision was sent to the applicant.*

Reference: ZBA Application No. \_\_\_\_\_

Dated: \_\_\_\_\_

I, the undersigned, being duly sworn, deposes and says that he/she is over twenty-one years of age; that he/she is an employee of the Town of Milford; that he/she did on the \_\_\_ day of \_\_\_ 20\_\_\_\_, send by registered mail, postage prepaid, to the applicant and his/her attorney in the above matter, at their last known addresses, according to the best information which can be conveniently obtained, as follows:

**Applicant, attorney and/or representatives**

**Addresses**

\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_  
\_\_\_\_\_ at \_\_\_\_\_

a copy of the decision as rendered in the above matter, a true copy of which is hereto attached and made a part hereof; that there is a regular daily communication and service by mail between the community of \_\_\_\_\_ and \_\_\_\_\_ each of the addresses to which the attached true copies were mailed.

\_\_\_\_\_  
Signature of appropriate town official

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**REFERRAL OF APPLICATION FOR VARIANCE  
For Town/Village Use Only  
Zoning Board of Appeals**

**Town/Village of \_\_\_\_\_, NY**

<b>OFFICE USE ONLY</b>
Application No. UV- _____
Date of Application: _____ (Postmarked or Hand Delivered)
Date of Public Hearing: _____
Date Notice Published: _____
Date of County Referral: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____

*WHEN TO USE THIS FORM: This form is used by the Zoning Board of Appeals to refer an Application for Variance to the Town/Village Planning Board for its recommendation as required by Section No. \_\_\_\_\_ of the local zoning ordinance. Unless otherwise required, such referral is mandatory only for those applications for variances which relate to any site plan under review by the Planning Board.*

FROM: The \_\_\_\_\_ Town/Village Zoning Board of Appeals

TO: The \_\_\_\_\_ Town/Village Planning Board

Reference: Application No.: \_\_\_\_\_ Dated: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pursuant to the requirements of Section No. \_\_\_\_\_ the Town/Village Zoning Ordinance, the attached Application for Variance is referred to you for your recommendation.

It is understood that if your board fails to offer a written recommendation within thirty (30) days of your official date of receipt of this application, the Zoning Board of Appeals may immediately proceed with its review.

\_\_\_\_\_  
Signature appropriate ZBA official

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Attachment: Application for Variance