

APPLICATION FOR A ZONING AMENDMENT

Form: TVB-1

Town/Village Board

Town/ Village of _____, NY

WHEN TO USE THIS FORM: This form is used by an individual who applies for an amendment to the town/village zoning map and/or ordinance.

Instructions: Fully complete this application. Write ANA@ when Anon-applicable@. Applications, complete with fees, shall be filed with the Zoning Enforcement Officer who will file a copy with the Town Clerk.

OFFICE USE ONLY	
Application No.:	Z- _____
Received (postmark or hand-delivered):	_____ / _____ / _____
Official Date of Receipt	_____ / _____ / _____
Referred to Town PB:	_____ / _____ / _____
Referred to Co. PB:	_____ / _____ / _____
Public Hearing:	_____ / _____ / _____
Final Action:	_____ / _____ / _____

Applicant Name: _____

Address: _____

Telephone No. _____

If application is by petition, please attach hereto.

Application is for:

- () zoning map amendment
- () zoning ordinance amendment

Attach a completed Part I of the Environmental Assessment Form (EAF) using the (check one): () short form or () long form. Forms are available from the zoning enforcement officer.

Completed Section A and/or B as appropriate:

A. Zoning Map Amendment

1. General description of boundaries or area for which the zone change is requested:

2. Attach a copy of the tax map showing area for which the zone change is requested.
3. Total area (square feet or acres): _____
4. Present zoning classification: _____
5. Present use: _____
6. Adjacent zoning classification: _____

- 7. Adjacent use: _____
- 8. Proposed zoning classification: _____
- 9. Proposed use: _____
- 10. Reasons for amendment request: _____

B. Amendment to Zoning Ordinance

- 1. Section(s) reference: _____

- 2. Existing section(s) is not adequate because: _____

- 3. Proposed change: _____

- 4. The proposed change will clarify or improve the ordinance because: _____

Signature of Applicant

_____/_____/_____
Date

NOTE: 1. Parts II and III of the EAF and the entire SEQR (State Environmental Quality Review) process must be completed by the Town/Village Board before the application can be considered complete.
2. The Town/Village Board will notify you of their action in writing (form TVB-3) within _____ days of the date of the public hearing held on this application.

ZONING AMENDMENT

TOWN / VILLAGE BOARD

TOWN / VILLAGE OF _____, NY

WHEN TO USE THIS FORM: This form is used by the Town / Village Board to refer an Application for Zoning Amendment (form TVB - 1) to the Town / Village Planning Board for its recommendations as required by Section _____ of the local zoning ordinance.

Reference: Application No: Z-_____

Dated: ____ / ____ / ____

FROM: The _____ Town / Village Board

TO: The _____ Town / Village Planning Board

Pursuant to the requirements of Section No. _____ of the Town / Village Zoning Ordinance, the attached Application for Zoning Amendment 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 Town / Village Board may immediately proceed with its review.

Signature of Town / Village Clerk

Date

Attachment: Application for Zoning Amendment (form TVB - 1)

NOTICE OF ACTION

For Town/Village Use Only

Form TVB - 3

ZONING AMENDMENT APPLICATION

Town / Village Board

Town / Village of _____, NY

WHEN TO USE THIS FORM: This form is used by the Town / Village Board to express its response to ATVB-1@ applications for zoning amendments.

Reference: T/VB Application No.: Z-_____ Dated: ____/____/____

ACTION OF THE TOWN BOARD OF THE TOWN/VILLAGE OF _____, New York

To: _____, Applicant

This board has considered your application and the action indicated below was taken on your request (check one):

- () 1. APPROVAL to make a zoning amendment according to the specifications described in the application.

The following modifications, if any, have been made to your request:

- () 2. DISAPPROVAL on the basis of the following reasons: _____

which acts contrary to the spirit and intent of the local zoning ordinance and/or master plan:

Signature of Town / Village Clerk

Date

cc: Zoning Enforcement Officer

APPLICATION FOR TEMPORARY USE PERMIT

Form: TVB - 4

Town / Village Board

Town / Village of _____, NY

WHEN TO USE THIS FORM: This form is to be used by an individual who proposes a temporary use activity for which a local permit is required under the provisions of Section _____ of the local zoning ordinance. If granted, this permit signifies compliance with the local zoning ordinance only. Certain temporary use activities are also required to comply with the New York State Sanitary Code. For more information, consult with the Zoning Enforcement Officer or the NYS Department of Health District Office in Oneonta (607-432-3911).

Instructions: Fully complete this application. Write ANA@ when Anon-applicable@. Applications, complete with fees, shall be filed with the Zoning Enforcement Officer who shall file a copy with the Town Clerk.

OFFICE USE ONLY	
Application No.:	TU _____
Date Received:	_____ / _____ / _____
Bond Amount Required	\$ _____
Date of Final Action:	_____ / _____ / _____
Date of Filing Decision with Town Clerk	_____ / _____ / _____

Applicant Name: _____

Land Owner Name: _____

Address: _____

Address: _____

Tel. No.: _____

Tel. No.: _____

1. Describe the proposed temporary use: _____

2. Attach a copy of the tax map of the area.
3. Attach a sketch showing the proposed layout including the approximate location of any buildings, structures, trailers, tents, enclosures, parking areas and signs.
4. Attach a copy of an approved Dept. of Health Temporary Use of Mass Gathering Permit for this proposal or a statement from the Dept. of Health stating that no state permit is required.
5. Proposed dates and hours of operation: _____
6. If the temporary use is for a single daily event, indicate if the parking will be attendant controlled: _____
7. Attached a completed Part I of the Environmental Assessment Form (EAF) using the (check one): () short form or () long form. Forms are available from the zoning enforcement officer.
8. Attach a signed, written agreement with the owner of the property.
9. Attach a signed, written agreement with the applicant, if applicable.

Signature of Applicant

Date

- NOTE:
1. Pursuant to Section _____ of the local zoning ordinance, the Town/Village Board may require that a performance bond be posted as a condition of permit approval.
 2. Parts II and III of the EAF and the entire SEQR (State Environmental Quality Review) process must be completed by the Town / Village Board before the application can be considered complete.
 3. The Town / Village Board will notify you of their action in writing (form TVB - 5) within _____ days of the completion of this application.

TEMPORARY USE APPLICATION

Town / Village Board

Town / Village of _____, NY

WHEN TO USE THIS FORM: This form is used by the Town / Village Board to express its response to ATVB-4@ applications for temporary use permits.

Reference: T/VB Application No.: TU-_____ Dated ____/____/____

ACTION OF THE TOWN/VILLAGE BOARD OF THE TOWN/VILLAGE OF _____, New York

TO: _____, Applicant

This office has considered your application on the action indicated below was taken (check one):

- () 1. APPROVAL to conduct a temporary use activity according to the plans and specifications described in the application.

The following conditions, if any, are attached:

- a. duration of temporary use permit: _____

- b. hours of operation: _____

- c. other: _____

- () 2. DISAPPROVAL on the basis of the following reasons:

 which would violate local zoning ordinance section no.=s:

Signature of Town/Village Clerk

_____/_____/_____
Date

cc: Zoning Enforcement Officer

NOTICE OF HEARING

For Town/Village Use Only

Form TVB - 6

Town / Village Board

Town / Village of _____, NY

WHEN TO USE THIS FORM: This form is used by the Town/Village Board to notify the official newspaper and interested parties of a scheduled public hearing for a zoning amendment.

A public hearing before the Town/Village Board of the Town/village of _____ will be held on the date of ___/_____/_____ at _____ PM at _____ (place) to consider the following request for an amendment to the zoning ordinance or zoning map:

Application No. Z - _____

The above application is open to inspection at the office of the Town / Village Clerk located at _____ 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 Town/Village Clerk

_____/_____/_____
Date