TOWN OF EAST FISHKILL
ZONING BOARD OF APPEALS

Town Hall, 330 Route 376, Hopewell Junction, NY 12533
845-221-2428

VARIANCE, SPECIAL PERMIT AND INTERPRETATION APPLICATION

It is recommended that you read and the following instructions and contact the Planning/Zoning Office at 8445-221-2428 should you have any questions concerning the application of the meeting process.

Paper work must be in by **NOON** on the first **MONDAY** of the month.

Zoning Board of Appeals Meeting is the fourth Tuesday of the Month at 7PM.

1. Appeal form must be filled out, signed, notarized and returned to the Planning and Zoning Department with the appropriate fee:

Residential Variance Fee:	$ 75.00	(double fee if existing)	
Commercial Variance Fee:	$ 100.00	(double fee if existing)	
Interpretation Fee:	$ 100.00		
Special Permit Fee:	$ 500.00	Escrow:	$ 2,000.00
Special Permit Fees for In-Home Offices:	$ 150.00	Escrow:	$ 500.00

(Please make checks payable to the Town of East Fishkill)

2. You will be required to submit **7 sets** of plans for both a variance and a Special Permit. The plot plan must be drawn to scale, denoting property lines, all existing and proposed buildings and structures, including the distances to the nearest property lines, and must contain all information pertinent to the application. Surveys must be stamped by a NYS Licensed Surveyor. Plot plans that are incomplete or mere freehand sketches will not be accepted.

3. You may be required to submit a Short Environmental Assessment Form.

The Application, Plans, EAF (if required) and payment must be submitted to the Planning and Zoning Department no later than NOON on the first Monday of the month. The Application will go before the Board at their next regularly scheduled meeting which will be held on the 4th Tuesday of the month at 7 PM at the East Fishkill Town Hall. <u>The Applicant or his appointed representative must be present for the Application to move forward.</u>

Town of East Fishkill
Zoning Board Application

330 Route 376, Hopewell Junction, New York 12533
Telephone 845-221-2428

Date: _____

Appeal #: _____

Fee Paid: $ _____

Applicant's Name: _____

Applicant's Address: _____

Location of Property: _____

Zoning District: _____

Owner if Different from Applicant: _____

If Owner is different from Applicant, you must submit a notarized letter from the Owner giving the Applicant permission to act on your behalf.

Tax Map and Lot #: _____

Home Phone: _____ Business/Cell Phone: _____

Type of Appeal:

- ◯ An Area Variance
- ◯ A Use Variance
- ◯ A Special Permit under to the Zoning Ordinance
- ◯ An Interpretation of the Zoning Ordinance

List any previous appeal numbers on the subject property: _____

Briefly state your reason for appeal:

If this application is for an AREA variance, please respond to the following 5 statements:

1. The granting of the variance will not produce an undesirable change in the character of the neighborhood or be a detriment to nearby properties because:

2. Can the desired result be achieved by some means other than granting a variance? (If the answer is no, please explain)

3. Is the variance requested substantial? (please explain)

4. Will the proposed area variance have an adverse effect or impact on the physical or environmental conditions in the neighborhood or your zoning district? (please explain)

5. Was the difficulty that you have with the area requirements of the law created by something you did or propose to do? (please explain)

If this application is for a USE variance, please respond to the following 4 statements:

1. The applicant cannot realize a reasonable return, as shown by competent financial evidence. (please explain)

2. The alleged hardship relating to the property is unique. (please explain)

3. The requested use variance, if granted, will not alter the essential character of the neighborhood (please explain)

4. The alleged hardship has not been self-created (please explain)

Applicant's Signature: _____

State of New York
County of _____

Sworn to this _____ day of _____, 20___. _____
Notary Public