

VILLAGE OF CHATHAM

APPLICATION FOR A USE OR AREA VARIANCE

PERMIT APPL. # _____

TAX MAP# _____

BACKGROUND INFORMATION:

Applicant(s) Name(s) _____

Address _____ Zip _____

Telephone (____) _____-_____

Location of Property Subject of this Variance Application: _____

Zoning District: _____ Note: Attach sketch plan showing property boundaries, all existing & proposed structures, drives and location of water & sewer facilities.

Date property was acquired ___/___/___

(USE ADDITIONAL SHEETS AS NECESSARY)

VARIANCE INFORMATION:

Type of Variance Requested USE AREA (please circle one)
Applicable Zoning Ordinance Section Concerning

Proposed Action (What do you want to do?) _____

JUSTIFICATION FOR ISSUANCE OF VARIANCE: Complete Part I for an area variance or Part II for a use variance.

PART I: (Fill out for Area Variance)

a. How substantial is the request? (Compare the required area regulation with the proposed). _____

b. Will the request, if approved, result in a need for additional government facilities? (i.e. schools, sewage, public water, emergency services) YES___ NO___ If yes, indicate what type and estimated increase. _____

c. Will the character of the neighborhood be affected?
YES___ NO___ If yes, indicate what the effect will be. _____

d. Are there any other courses of action that can be taken instead of the requested variance? (i.e. relocating the structure, modifying the plans or size, etc.). YES___ NO___
If no, why not? _____

e. Will justice be served if the variance is issued?
YES___ NO___ Please explain your answer. _____

PART II: (Fill out for a Use Variance)

a. Justify your lack of a reasonable return from any use allowed in the zoning district. Include dollars and cents proof such as maintenance costs, tax costs, renovation costs, inability to sell property for a fair market value, etc. (Attach any applicable documents).

b. Will the proposed use be compatible with the surrounding land uses? YES NO (Give specific information and details that indicate compatibility).

c. List any unique features of the parcel(s) or structure(s) involved that would prohibit a permitted use from being conducted.

APPLICANT CERTIFICATION:

I certify that the information contained in this application is factual and true to the best of my knowledge.

Applicant's Signature: Date

The following must be completed by the property owner if owner is NOT the applicant.

Owner(s) Name(s) Address Zip Telephone

OWNER CERTIFICATION:

I, certify that I am the lawful owner of property located on (State, County, Town Road or Village Street) in the Village of Chatham and that I am aware of and support the requested variance for which this application has been made.

Owner(s) Signature Date

(FOR ZONING BOARD OF APPEALS USE ONLY)

Application Number Date Rec'd by Hearing Date Date referred to Col. Cty. Plan. Board

Z.B.A. DECISION: