

**VILLAGE OF CHATHAM
APPLICATION FOR A USE OR AREA VARIANCE**

NOTE: You must notify your neighbors via certified or registered mail of the date and time of your hearing. Please bring receipts for this mailing to the hearing in order to go forward.

PERMIT APPL. # _____

TAX MAP # _____

BACKGROUND INFORMATION

Applicant(s) Name (s): _____

Address: _____ Zip: _____

Location of Property Subject to this Variance Application: _____

Zoning District: _____ Date Property Was Acquired: _____

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

(USE ADDITIONAL SHEETS AS NECESSARY)

VARIANCE INFORMATION

Type of Variance Requested: (select 1) ___ USE ___ AREA

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 (Complete 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, etc.) ___ 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 affect 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 (Complete 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: _____

_____ Date: _____

******(FOR ZONING BOARD OF APPEALS USE ONLY)******

Application Number _____ Date Rec'd _____ By _____

Hearing Date: _____

Date Referred to Col. Cty. Plan. Board: _____

ZBA Decision: _____

