

APPLICATION TO VILLAGE OF ILION ZONING BOARD OF APPEALS

On this date: _____, I (we) _____ of
Date Name of Applicant
_____, _____ hereby appeal to
Street/Number/City State/ZIP Phone

The Zoning Board of Appeals from the decision of the codes office on application for _____, dated _____ 20 _____.

Location of Property: _____

Whereby the building inspector did:

() **Grant** TO: _____
Name of applicant for permit
() **Deny** Of: _____ Phone # _____
Address

- () A Permit for Use
- () A Permit for Occupancy
- () A Temporary Permit for Extension thereof
- () A Certificate of Existing Use

1. The Applicant is the: (documents will be required to substantiate)

- () Owner
- () Occupant
- () Agent For:
- () Other:

2. Current classification of property under consideration and current use.

3. Provision(s) of the zoning ordinance being appealed (indicate the article, section, subsection and paragraph of the Zoning ordinance being appealed, by number. Do not quote the Ordinance. (This information is located on your building inspector's papers.)

Article: _____ **Section:** _____ **Sub-Section:** _____ **Paragraph:** _____

4. Type of Appeal being requested:

- a. () An interpretation of the Zoning Ordinance or Zoning Map
- b. () A special permit under the Zoning Ordinance; i.e. home occupation
- c. () A variance to the Zoning Ordinance () **USE** or () **AREA**

5. Provide additional information for your selection in question 4 for each of these subsections, as applicable. If you checked:

a. An interpretation of the Zoning Ordinance or Zoning Map is requested because:

b. A special permit under the Zoning Ordinance is requested because:

c. An **Use Variance** to the Zoning Ordinance is requested because the strict application of the Ordinance: would:

a. Would produce **UNDUE HARDSHIP** because: (Please explain your answer)

i. The applicant cannot realize a reasonable return, provided that lack of return is substantial as demonstrated by competent financial evidence.

ii. The alleged hardship relating to the property in question is unique, and does not apply to a substantial portion of the neighborhood

iii. The alleged hardship has not been self-created

b. The requested **VARIANCE** would observe the spirit of the ordinance and would NOT CHANGE THE CHARACTER OF THE AREA because:

d. An **Area Variance** is requested because the applicant wishes to use the land in a manner that is not allowed by dimensional or physical requirements of the applicable zoning regulations. This request will NOT be a detriment to the health, safety and welfare of the neighborhood or community because: _____

6. The following documents where applicable need to be submitted to the Village Clerk:

Office Use	Material to be sent to the Village Clerk
()	Fee
()	One (1) copy of the completed application
()	One (1) copy of the property description with its dimensions, address, existing structures, parking areas (if applicable).....
()	Copy of plans, maps, and proof of ownership (if applicable)
()	Photos of the current structures, site and surrounding properties
()	If home occupation provide information concerning the business, operations, parking needs, anticipated number of people to be served at one time.

No date will be set for a public hearing until all material has been received by the Village Clerk

The rights to this appeal will expire when a permit is not obtained and maintained within one (1) year of the filing date of any decision by the Zoning Board of Appeal and the return of the required acknowledgement. The applicant may request an extension in writing from the Zoning Board of Appeal through the Village Clerk's office prior to the expiration of the ZBA's approval. A nonrefundable fee as provided is required for an extension. Fees: \$100.00 for home owner; \$150.00 for homeowner filing for a variance for home occupation;\$200.00 for commercial filing

This form, any supporting documents, and fees shall be returned to the Village Clerk, Village of Ilion 49 Morgan Street, Ilion, NY 13357. Checks or money orders shall be made payable to the Village of Ilion; cash will not be accepted.

AFFIDAVIT APPLICANT:

I certify and affirm that I am the property or building owner or the owner's authorized agent or am an applicant other than the owner as allowed under zoning laws and that the information provided within and attached to this application is accurate and complete to the best of my knowledge

Applicant's Signature _____ **Date:** _____

State of New York}
County of _____} ss

On the _____ day of _____ 20 ____, before me, the undersigned notary public, and in and for said State , personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to within this instrument and acknowledged to me that he/she/they executed the same by his/her/their signature(s).

Notary Public: _____

ADMINISTRATIVE USE ONLY

Application Received Date: _____ Non-refundable Fee Paid: _____

Name of Applicant: _____

Date of Legal Posting: _____ Date of Hearing: _____

Previous Applications & Ruling if Applicable _____

Application Approved Date: _____ under Code Section: _____

Stipulations : _____

Application Denied Date: _____

ZBA Members: _____
Signatures _____

Date of Letter to Applicant of Decision: _____

Date of Receipt of confirmation/acknowledgement from Applicant: _____

Assigned to property:

Assigned to owner: (Non-transferable)