

# Town of Starkey

40 Seneca Street  
Dundee, New York 14837  
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Office: 607-243-7996  
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Application No.: AV _____
Date Filed _____
Fee Paid \$_____ Cash or Check
Received by: _____
Referred to ZBA. – Date _____
Referred to Co. Pln. Bd. – Date _____
ZBA Decision _____ Date _____

## Area Variance Application

Area Variance Application Instructions: Please complete Items 1 – 7. If an Item is not applicable, enter N/A. Return the original completed application and attachments with 10 copies to the Code Official. If you have any questions, please contact the Code Official at the number listed above.

### 1. Subject Property

Address \_\_\_\_\_  
Tax Map No. \_\_\_\_\_ Zoning District \_\_\_\_\_

### 2. Applicant

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### 3. Property Owner (If Applicant is not the Property Owner)

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone: Day \_\_\_\_\_ Night \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

### 4. Description

Describe the use for which the variance is sought.

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## 5. Justification for the Variance

New York State Town Law §267-b.2 mandates the Zoning Board of Appeals to weigh the benefit to the applicant, against the detriment to the health, safety, and welfare of the community in making the determination to grant an area variance. The applicant must convince the Zoning Board of Appeals that the applicable zoning regulations and restrictions have caused an unnecessary hardship. As the applicant, you have the burden of proving that your proposal meets each of the following five (5) criteria.

A. Will an undesirable change be produced in the character of the neighborhood or detriment to nearby properties? (Circle one) Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Can the benefit sought by the applicant be achieved by a feasible alternative to the variance? (Circle one) Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Is the requested variance substantial? (Circle one) Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Will the variance have an adverse impact on the physical or environmental conditions in the neighborhood? (Circle one) Yes No

Explain : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Is the alleged difficulty self-created? (Circle one) Yes No

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 6. Supporting Documents

The applicant must attach the following documentation.

- A. A copy of the building permit application signed by the Zoning Officer.
- B. A drawing or sketch of the subject property that shows:
  - 1. the property lines.
  - 2. the relevant structures on the property.
  - 3. any proposed structures or internal changes to existing structures.
  - 4. any watercourse or water body on or adjacent to the property.
- C. Copy of the Tax Map that shows the subject property and adjacent properties.
- D. Any letters of support from adjacent property owners and any other material that the applicant feels is relevant for the Board's consideration.

Please complete the attached "Area Variance Criteria Form" for area variances ONLY.

Contact Planning and Zoning administrative staff for the "Use Variance Criteria Sheet."

If your project is in an Agricultural District, you will need to complete the "Agricultural Data Statement"

## 7. Affirmation by Applicant/Property Owner

I declare that the contents of this application are true and correct to the best of my knowledge. I grant permission for the Town of Starkey Zoning Board of Appeals or its designees to inspect the subject property identified in this application.

**Applicant Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Property Owner Signature** \_\_\_\_\_ Date \_\_\_\_\_

(Required if the Applicant is not the Property Owner)

State of New York  
County of \_\_\_\_\_

Sworn to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public \_\_\_\_\_