

AREA VARIANCE

Rules for Granting, as of July 1, 1992

There is no overall “test” as such that has to be met by an applicant for an area variance

In making its determination on an application, the board of appeals must consider two basic things:

The benefit to the applicant if the variance is granted,
as weighed against

The detriment to the health, safety and general welfare of the neighborhood or community by such grant.

In balancing the interest of the applicant and those of the neighborhood, the board shall also consider:

- (1) whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance;
- (2) whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance;
- (3) whether the requested area variance is substantial;
- (4) whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district;
and
- (5) whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance

Also, in granting the variance, the board of appeals shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.

TOWN OF MARCELLUS

22 East Main Street, Marcellus, NY 13108

315-673-3269, Ext. 4 / Fax: 315-673-9102

ZONING APPEAL/INTERPRETATION APPLICATION

All applicable sections of the application must be completed - incomplete applications will be returned.

Applicant Name: _____ Daytime Phone: _____

Applicant Address: _____ E-Mail _____

The undersigned hereby makes application for: () Area Variance () Use Variance () Interpretation

Complete this section for an appeal or variance:

The undersigned hereby appeals the decision of the code enforcement officer whereby he/she did:

() Grant () Deny

Under zoning law: Article: _____ Section: _____ Subsection: _____ Paragraph: _____

Name: _____

Project Address: _____ Tax Map Number: _____

Permit Type: _____ Permit Number: _____ Dated: _____

Description of Project: _____

Reason for appeal or variance:

- () Strict application of zoning law would produce undue hardship
- () The hardship is unique and is not shared by all properties alike in the immediate vicinity of this property and in this district
- () The variance would observe the spirit of the zoning law and would not change the character of the district, because: (provide on separate page)
- () Other reason for appeal, because: (provide on separate page)

Will the project cause the disturbance of one or more acre of soil? _____

Is the project in a flood hazard zone?

Is the project within 100' of any wetlands?

Complete this section for a zoning law interpretation:

I hereby request an interpretation of zoning law. Reason for interpretation: (provide on separate page)

Article: _____ Section: _____ Subsection: _____ Paragraph: _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. I also understand that the granting of a special permit does not give me the authority to violate or cancel the provisions of any other regulations.

Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application

SIGNATURE OF OWNER OF PREMISES:

DATE:

Official Use Only

Application No.: _____ Action of Zoning Board: _____

Date Completed: _____ Granted () Denied () Date: _____

Chairperson Signature: _____

TOWN OF MARCELLUS

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BUILDING / ZONING PERMIT APPLICATION

All applicable sections of the application must be completed - incomplete applications will be returned.

Property Owner: _____ Day Time Phone: _____

Property Address: _____ E-Mail _____

Tax Map Number: _____ Zoned: _____ Sub Division Name: _____

Undersigned Petitions Permission For:

Project Type: () Residential () Commercial () Agricultural () Other: _____

Description of Proposed project and its proposed use: _____

Project will include (check all that apply: () Heating Appliance () Fireplace () Sprinkler System
() Electrical () Plumbing () New Driveway () Septic/Sewer () Fire Alarm System

Project Dimensions: Width: _____ Length: _____ Height: _____ Sq. Footage: _____

Distance from Lot Lines: Front: _____ Rear: _____ Side 1: _____ Side 2: _____

Lot Frontage: _____ Lot Depth: _____ Estimated value of all work - materials and labor: \$ _____

For new residences and additions, change in the number of: Bedrooms: _____ Bathrooms: _____

Will the proposed construction cause the disturbance of one or more acre of soil? _____

Is the project in a flood hazard zone? _____ Is the project within 100' of any wetlands? _____

Contractor: _____ Contact Person: _____

Address: _____ Phone: _____

Designer: _____ RA _____ PE _____ Lic. No: _____

Address: _____ Phone: _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of the New York State Uniform Fire Prevention and Building Code, The Town of Marcellus Zoning Law and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER OF PREMISES:

DATE:

Official Use Only

Date Completed: _____ Date Approved: _____ Approved by: _____

Application No.: _____ Date Denied: _____ Denied By: _____

FMV: _____ Date Notified: _____

FEE: _____ Reason Denied: _____