

Application I.D. Number

Area Variance Application

FEE: **\$150.00**

Village of South Glens Falls  
Zoning Board of Appeals  
46 Saratoga Avenue  
South Glens Falls, NY 12803  
(518) 793-1455

1. Applicant Name _____ _____ Address _____ _____ Telephone No. _____	2. Property Owner Name _____ _____ Address _____ _____ Telephone No. _____
3. Applicant's Agent _____ Address _____ _____ Telephone No. _____	4. Property Location _____ _____ _____ _____
5. Zone Classification _____	6. Tax Map No. _____
7. Amount of Land Affected: _____ Acres	8. Variance Requested: _____
9. What is Present Use of Property? _____	
10. What is Present Land Use in <u>Vicinity</u> of Subject Property? ____Residential ____Industrial ____Commercial ____Agriculture ____Park/Forest/Open Space ____Other	
Describe: _____	
11. Describe <u>Proposed Use</u> of Property: _____ _____	
PLEASE ANSWER THE FOLLOWING QUESTIONS (ATTACH ADDITIONAL SHEETS, IF NECESSARY)	
12. Will the requested variance, if granted, produce an undesirable change in the character of the neighborhood or detriment to nearby properties? Explain: _____ _____	
13. Can the benefits sought by the applicant be achieved by some other method, feasible for the applicant to pursue, other than an area variance? Explain: _____ _____	
14. Is the requested area variance substantial? Explain: _____ _____	
15. Will the proposed area variance have an adverse impact or effect on the physical or environmental conditions in the neighborhood or district? Explain: _____ _____	

15. Has the alleged hardship been self-created? Explain: \_\_\_\_\_  
\_\_\_\_\_

ADDITIONAL REQUIREMENTS

- A. Provide a plot plan of the subject property including all proposed additions or modifications, if any, drawn to scales, of 1"=40'. The plot plan must include the location and dimensions of all existing and proposed structures, including fences and pools, and all driveways, parking areas and areas of ingress and egress.
- B. Complete the attached SEQR Environmental Assessment Form. The Zoning Board of Appeals reserves the right in each instance to require the applicant to complete a long or full Environmental Assessment Form.
- C. File the original and eight (8) copies of the Variance Application signed by the applicant and, if necessary, by the applicant's agent, together with Environmental Assessment Form and any additional or supporting documentation and the application fee with the Building Inspector/Code Enforcement Officer. For application filing deadlines, contact the Building Inspector/Code Enforcement Officer.

Site Location: In the space provided below, please provide a sketch of the location of the subject property, including streets and landmarks.

I, \_\_\_\_\_ certify that I am the applicant in the within Area Variance Application and that I have read the information contained in this application and it is true and accurate to the best of my knowledge, I further authorize \_\_\_\_\_ to serve as my agent for this application and to represent my interest before the Zoning Board of Appeals.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Agent's Signature: \_\_\_\_\_

Your application may be subject to review by the Saratoga County Planning Board.

\*Applicant will be responsible for ZBA fee, advertising & postage, if applicable.