Use Variance Application FEE: <u>\$150.00</u>

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.	Telephone No.							
3. Applicant's Agent Address								
Telephone No.								
5. Zone Classification	6. Tax Map No							
7. Amount of Land Affected: Acres								
 8. Date property was purchased:								
 9. Has property recently been listed for sale? If so, please provide date(s) of listings, listing agent(s) and list price 								
10. What is Present Land Use in <u>Vicinity</u> of Subject Property? ResidentialIndustrialCommercialAgriculturePark/Forest/Open SpaceOther Describe:								
11. Describe Proposed Use of Property:								
PLEASE ANSWER THE FOLLOWING QUESTIONS	•							
12. Can the property realize a reasonable return for eac Explain:								
If answer is No, provide proof by competent financial ev								
13. Is the alleged hardship relating to the property union substantial portion of the district or neighborhood? Exp								

14.	Will th	ne requested	Use Vari	ance alte	r the	essential	character	of the	neighborhood	! ?
Exp	lain:									

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.

Ι, __ _____ certify that I am the applicant in the within Use 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.

Use Variance Application Rev. 1/20/21