

Application I.D. Number

## Use Variance Application

**FEE: \$250.00**

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. Date property was purchased: _____ Has property recently been appraised? _____ If so, appraised value \$ _____		<table border="1"><thead><tr><th>List date(s)</th><th>Listing Agent(s)</th><th>List Price</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		List date(s)	Listing Agent(s)	List Price									
List date(s)	Listing Agent(s)	List Price													
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 Vicinity of Subject Property? ___ Residential ___ Industrial ___ Commercial ___ Agriculture ___ Park/Forest/Open Space ___ Other															
Describe: _____ _____															
11. Describe Proposed Use of Property: _____ _____															
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS (ATTACH ADDITIONAL SHEETS, IF NECESSARY)</b>															
12. Can the property realize a reasonable return for each and every permitted use under the Zoning Law? Explain: _____ _____															
If answer is No, provide proof by competent financial evidence.															
13. Is the alleged hardship relating to the property unique and does the alleged hardship apply to a substantial portion of the district or neighborhood? Explain: _____ _____															

14. Will the requested Use Variance alter the essential character of the neighborhood?

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 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.