

Aug-15

Village of Fayetteville  
ZONING BOARD OF APPEALS  
Joseph Basile, Chairperson  
Telephone: (315) 637-9864 Fax: (315) 637-0106  
425 East Genesee Street  
Fayetteville, NY 13066

**ZONING BOARD of APPEALS**  
(Please fill out the application completely)

**Tax Map Number of Property:** \_\_\_\_\_

**Zoning District of Property:** \_\_\_\_\_

**Date Filed:** \_\_\_\_\_

**Application Fee:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Owner of Property:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Property Address:** \_\_\_\_\_

Denied by Codes Enforcement on: \_\_\_\_\_

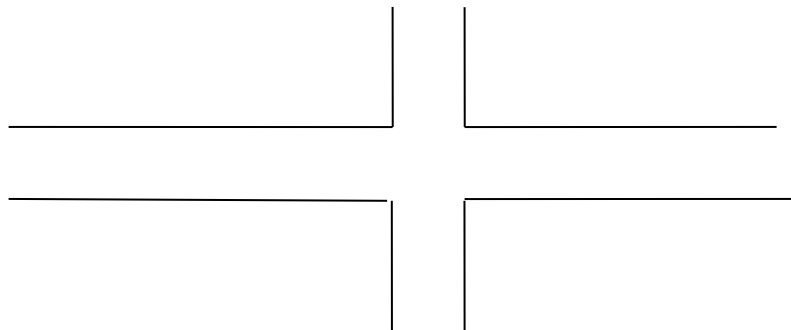
When did the Planning Board review the application? \_\_\_\_\_

Planning Board's recommendation or determination: \_\_\_\_\_

If the property is located within the historic district, when did the Historic Preservation Commission (HPC) review the application? \_\_\_\_\_

HPC's recommendation or determination: \_\_\_\_\_

The Zoning Board members routinely visit each site. In order to assist them in finding your property, please locate **BELOW** the property with cross street names, and provide any other features which might assist the Board in identifying the property. If the land is vacant, please designate distances from cross streets in feet or tenths of a mile, or stake the frontage of the property.



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Size of Parcel: \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Total Area \_\_\_\_\_ Shape \_\_\_\_\_

Current Use of the Property:

\_\_\_\_\_  
\_\_\_\_\_

<b>Is the property located within 500 feet of:</b> (Please check one.)	YES	NO
A boundary line of the Village of Fayetteville?	( )	( )
An existing or proposed County, State, or Highway Road?	( )	( )
An existing or proposed County, State Park, or Recreation Area?	( )	( )
Right of way or County owned or used stream or drainage channel?	( )	( )
County or State owned lands with public building?	( )	( )
Is the property located within a flood plain or floodway?	( )	( )

**Appeal is made herewith for:**

- ( ) Interpretation of the Zoning Ordinance or Zoning Map
- ( ) Variance from the **AREA** restrictions of the Zoning Ordinance (See page 3.)
- ( ) Variance from the **USE** restrictions of the Zoning Ordinance (See page 4.)
- ( ) Other – Appeal

**The applicant requests a variance from the following Section(s) of the Code, granting the following relief:**

Code Section (Title, Article)	Subject	Permitted	Proposed	Extent of Relief Requested
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Description of Proposed Use:**

\_\_\_\_\_  
\_\_\_\_\_

**Proposed Hours of Operation:**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**Expected Peak Hours:**

Weekday \_\_\_\_\_ Weekday Evening \_\_\_\_\_ Weekend Day \_\_\_\_\_ Weekend Evening \_\_\_\_\_

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**Expected Parking Needs:** \_\_\_\_\_

**Expected Exterior Storage:** \_\_\_\_\_

**Description of any proposed interior improvements:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Description of drainage flows and controls:** \_\_\_\_\_

\_\_\_\_\_

**Full description of any proposed exterior improvements:** \_\_\_\_\_

\_\_\_\_\_

**Existing/Proposed Signage:** \_\_\_\_\_

\_\_\_\_\_

**AREA VARIANCE:** The questions below are the criteria for which an area variance request is determined.

- 1) Will there be an undesirable change in the character of the neighborhood or a detriment to nearby properties?
- 2) Can the applicant achieve the benefit by some method, feasible for the applicant to pursue, other than an area variance?
- 3) Is the area variance request substantial?
- 4) Will the variance have an adverse effect on the physical or environmental conditions in the neighborhood or district?
- 5) Was the alleged difficulty self-created?

The above-stated questions will be discussed and evaluated by the Zoning Board of Appeals. Please state the basis for your variance request and attach that statement to this application.

**USE VARIANCE:** If the applicant requests to use the subject property for purposes which are not allowed or are prohibited by the Village of Fayetteville Codes, the applicant must demonstrate unnecessary hardship. In order to prove unnecessary hardship, the applicant must submit evidence demonstrating this:

- 1) The applicant is deprived of all economic use or benefit from the property in question, which deprivation must be established by competent financial evidence;
- 2) The alleged hardship relating to the property is unique, and does not apply to a substantial portion of the district or neighborhood;
- 3) That the requested use variance, if granted, will not alter the essential character of the neighborhood; and
- 4) That the alleged hardship has not been self-created.

Please state the basis for your appeal and attach that statement to this application.

**DISCLOSURE OF INTEREST**

Pursuant to Section 809 of the General Municipal Law and Section 99-36 of the Code, every applicant for an area variance must certify the name, residence, and the nature and extent of the interest of any officer or employee of the State of New York, the Village of Fayetteville, the Town of Manlius, or the County of Onondaga, in the person, partnership, corporation, or association making such an application to the extent known to such applicant. The names, residences, and nature and extent of interest of all such public officers or employees are:

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Please list any professionals who will be assisting you with your presentation at the public hearing:

<u>Name</u>	<u>Company</u>	<u>Profession</u>	<u>Telephone#</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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**\*ATTENTION APPLICANTS: YOU OR PERSON(S) ACTING ON YOUR BEHALF MUST ATTEND THE SCHEDULED PUBLIC HEARING IN ORDER FOR YOUR APPLICATION TO BE REVIEWED.**

Print Name of Property Owner: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Property Owner: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

State of New York

County \_\_\_\_\_}

\_\_\_\_\_ being duly sworn, deposes and says that s/he is the person who has signed this application; that s/he is the \_\_\_\_\_, authorized by the said owner to make and file this application; that s/he has read and understands this application; that all statements contained therein are true to the best of his/her knowledge and belief; and the work will be performed in accordance with the application and the plans and specifications filed therewith.

\_\_\_\_\_  
\_\_\_\_\_

Signature(s) of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

County \_\_\_\_\_

**\*\*\*\*\* OFFICIAL USE ONLY \*\*\*\*\***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

	APPROVED	DENIED	DATE
Codes Enforcement Review:	_____	_____	_____
Planning Board Review:	_____	_____	_____
Zoning Board of Appeals:	_____	_____	_____

Condition(s) made part of approval:  
\_\_\_\_\_  
\_\_\_\_\_