



**Town of Fishkill
Zoning Board of Appeals
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256**

APPLICATION FOR AN AREA VARIANCE

<u>FOR OFFICE USE ONLY</u>	
Application No.:	ZB <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Application Fee:	<input type="text"/>
Escrow Deposit:	<input type="text"/>
Escrow Account No.:	<input type="text"/>

Note: If all information does not fit on this form, please attach additional pages to this form.
If any items are not applicable on this form, please indicate so as N/A.

APPLICANT'S INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

PROPERTY OWNER'S INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

(If the Applicant does not own the property, the Applicant must submit a statement from the Property Owner authorizing the Applicant to appeal on his/her behalf)

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

REPRESENTATIVE'S INFORMATION (ENTIRE SECTION MUST BE COMPLETED)

Name: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

<u>FOR OFFICE USE ONLY - DATE RECEIVED</u>



**Town of Fishkill
Zoning Board of Appeals
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256**

APPLICATION FOR AN AREA VARIANCE

Note: If all information does not fit on this form, please attach additional pages to this form.
If any items are not applicable on this form, please indicate so as N/A.

**PROFESSIONAL ENGINEER, ARCHITECT OR LAND SURVEYOR INFORMATION
(ENTIRE SECTION MUST BE COMPLETED)**

Name: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____
License Number: _____

**ATTORNEY INFORMATION
(ENTIRE SECTION MUST BE COMPLETED)**

Name: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number: _____
E-Mail Address: _____

APPEAL CONCERNS THE FOLLOWING PROPERTY (ENTIRE SECTION MUST BE COMPLETED)

The Applicant's Appeal from a decision concerns the following:

Tax Grid Number: _____ — _____ — _____ Acres: _____
Tax Grid Number: _____ — _____ — _____ Acres: _____
Property Street Address: _____
Property Street Address: _____
Property is located in _____ Zoning District(s)
Year Owner acquired the property: _____



**Town of Fishkill
Zoning Board of Appeals
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256**

APPLICATION FOR AN AREA VARIANCE

Note: If all information does not fit on this form, please attach additional pages to this form.
If any items are not applicable on this form, please indicate so as N/A.

**APPEAL CONCERNS THE FOLLOWING PROPERTY (ENTIRE SECTION MUST BE COMPLETED)
(CONTINUED)**

The Applicant's Appeal from a decision of the Zoning Enforcement Officer or as directed by the Planning Board as permitted by New York State Law, concerns the following:

- Town of Fishkill Planning Board Action
- Denial of an Application for a Building Permit
- Interpretation of Town Code Chapter: _____

Variance is requested for the construction of: _____

Variance is required for the legalization of: _____

Variance for other action: _____

Violation of which section(s) of the Zoning Code: _____

Date of the Zoning Enforcement Officer's Decision: _____

State the reason you are applying for the variance(s): _____

Is the property within 500' of any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Village of Fishkill | <input type="checkbox"/> City of Beacon |
| <input type="checkbox"/> Town of Wappinger | <input type="checkbox"/> Interstate 84 |
| <input type="checkbox"/> Town of East Fishkill | <input type="checkbox"/> State or County Road (Rt 9, Rt 9D, Rt 52, Rt 82, DC Route 34, DC Rt 34, DC Rt 35 and DC Rt 36) |

Existing or proposed right-of-way of any stream, creek or river? (Please describe): _____

Wetlands or wetland buffer areas



Town of Fishkill
Zoning Board of Appeals
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256

APPLICATION FOR AN AREA VARIANCE

Note: If all information does not fit on this form, please attach additional pages to this form.
 If any items are not applicable on this form, please indicate so as N/A.

APPEAL CONCERNS THE FOLLOWING PROPERTY (CONTINUED) (ENTIRE SECTION MUST BE COMPLETED)				
Zoning District:	Minimum allowed by Town Code	Current Setback	New Setback	Variance Required
<u>Front Yard Setback</u> (R-15, R-20, RMF-3, RMF-5 - 35 ft.) (R-40, R2A - 50 ft.) (R4-A - 60 ft.) (BHD - Beacon Hills District - 40 ft.)	_____ ft.	_____ ft. ____ in.	_____ ft. ____ in.	_____ ft. ____ in.
<u>Rear Yard Setback</u> (R-15, RMF-3, RMF-5 - 30 ft.) (R-20 - 40ft) (R-40, R2A - 50 ft.) (R-4A - 60 ft.) (BHD - Beacon Hills District - 40 ft.)	_____ ft.	_____ ft. ____ in.	_____ ft. ____ in.	_____ ft. ____ in.
<u>Left Side Yard Setback</u> (R-15, RMF-3, RMF-5 - 15 ft.) (R-20 - 20 ft.) (R-40 - 25 ft.) (R2-A - 40 ft.) (R4-A - 50 ft.) (BHD - Beacon Hills District - 20 ft.)	_____ ft	_____ ft. ____ in	_____ ft. ____ in	_____ ft. ____ in
<u>Right Side Yard Setback</u> (R-15, RMF-3, RMF-5 - 15 ft.) (R-20 - 20 ft.) (R-40 - 25 ft.) (R-2A - 40 ft.) (R-4A - 50 ft.) (BHD - Beacon Hills District - 20 ft.)	_____ ft.	_____ ft. ____ in	_____ ft. ____ in	_____ ft. ____ in
<u>Maximum Lot Coverage (impervious surfaces)</u> (R-15 - 22%) R-20, RMF-3 - 20%) (R-40 - 12%) (R-2A - 10%) (R-4A - 5%) (RMF-5 - 30%) (BHD - Beacon Hills District - 20%)	Maximum Lot Coverage) _____ %	Maximum Lot Coverage) _____ %	Maximum Lot Coverage) _____ %	_____ %
Other: (please specify)				



Town of Fishkill
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256

APPLICATION FOR AN USE VARIANCE

Note: If all information does not fit on this form, please attach additional pages to this form.
If any items are not applicable on this form, please indicate so as N/A.

TESTS FOR AN AREA VARIANCE (ENTIRE SECTION MUST BE COMPLETED)

The ZBA must take into consideration the benefit to the applicant(s) if the variance is granted as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. Describe below how each of the five (5) criteria are met and attach a copy of any supporting materials.

1. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by granting an area variance.

2. Whether the benefit sought by the applicant(s) can be achieved by some method, feasible for the applicant(s) to pursue, other than an area variance.

3. Whether the requested area variance is substantial.

4. Whether the proposed area variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or zoning district.



**Town of Fishkill
Zoning Board of Appeals
807 Route 52
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256**

Note: If all information does not fit on this form, please attach additional pages to this form.
If any items are not applicable on this form, please indicate so as N/A.

**CRITERIA FOR AN AREA VARIANCE (ENTIRE SECTION MUST BE COMPLETED)
(CONTINUED)**

5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board, but shall not necessarily preclude the granting of the area variance.

ACKNOWLEDGEMENT

In accordance with Town of Fishkill Town Code §150-98, the undersigned Owner, and if different, the undersigned Applicant acknowledge and agree to the following:

In the event of failure to reimburse the engineer, legal and consulting expenses incurred by the Town with regard to this Application, the Town may seek recovery of such expenses by action venued in a court of appropriate jurisdiction and the Owner and the Applicant, if different, shall be jointly and severally responsible for the reasonable and necessary attorney's fees expended by the Town in prosecuting such action. In the alternative, and at the sole discretion of the Town, a default reimbursement of such expenses incurred by the Town, with regard to this Application, shall be remedied by charging such unpaid sums against the subject property and collecting such unpaid sums along with any other charges against the subject property.

Applicant's Signature

Date

Owner's Signature

Date

Representative's Signature

Date



**Town of Fishkill
Zoning Board of Appeals
Fishkill, NY 12524
Phone: (845) 831-7800 ext. 3328
Fax: (845) 831-3256**

APPLICATION FOR AN AREA VARIANCE

APPLICATION CHECKLIST

All items listed below must be submitted at time of application to the ZBA and must be submitted in accordance with the current year's ZBA Meeting Schedule of Meetings, which the deadline dates for all ZBA Meetings. The current year's ZBA Meeting Schedule may be obtained on the Town's website at www.fishkill-ny.gov on the homepage under the dropdown menu entitled Board & Meetings/Meeting Schedules or you may visit the Town Hall and obtain a copy from the ZBA Secretary.

Items Required with an Application for an Area Variance:

_____ Application Fee: Residential = \$300.00
Commercial = \$750.00

_____ Escrow Deposit: Residential = \$1,000.00
Commercial = \$2,500.00

_____ One CD (compact disc) containing a copy of the completed Application, Environmental Assessment Form, Professional drawings, Building Permit Denial Letter, Owner's Consent Letter and any other documentation being submitted as part of this application in PDF format.

_____ One (1) list of all property owners' names, addresses and Tax Grid Numbers for all property owners within 500 feet of the project site. The listing of all property owners within 500 feet of the project site from the Assessor's Office.

_____ Envelopes with a return address of Town of Fishkill ZBA, Town of Fishkill Town Hall, 807 Route 52, Fishkill, NY 12524 with mailing labels and first class postage affixed to them for all property owners within 500 feet of the project site.

One (1) original and 12 copies of the following: (Please be sure to separate your submission into 13 complete sets.)

_____ Application for an Area Variance

_____ Environmental Assessment Form (EAF) - submission of Short EAF or Long EAF must be determined by the Town Building Inspector/Zoning Administrator.

_____ Professional drawings along with a plot plan or site plan outlining the project.

_____ Town Building Inspector/Zoning Administrator's Decision

_____ Owner's Consent Letter (if applicable)

_____ Any additional supporting documentation