

35 Commercial St.  
PO Box 43  
Livonia, NY 14487



Phone (585) 346-3710  
Town Fax (585) 346-9122  
TDD 1-800-662-1220

*This institution is an equal opportunity provider and employer*

FEE: \$85.00 MEETING NUMBER: \_\_\_\_\_ MEETING DATE: \_\_\_\_\_

### **LIVONIA JOINT ZONING BOARD OF APPEALS APPLICATION FORM**

If approved, the ZBA will grant the minimum Variance necessary and may impose reasonable conditions.

#### **Instructions to Applicant**

- 1. Submit a digital copy of the complete application to: [bzteam@livonianyny.org](mailto:bzteam@livonianyny.org)
- 2. A non-refundable fee of \$85.00 shall accompany this application.
- 3. Submit a survey map showing distances to property lines.
- 4. Submit an Elevation drawing of proposed structure, if applicable.
- 5. A floor plan, when necessary, drawn to scale shall be submitted.
- 6. Building /Zoning Permit application shall accompany this application.
- 7. SEQR short form & Agricultural Date Statement if applicable.
- 8. Submit letters from nearby neighbors stating they are aware of project & are in support.
- 9. A sign giving notice of the appeal must be posted on the property 10 days prior to the Hearing. **(Failure to return sign after meeting will result in \$100.00 charge)**

*Zoning Board of Appeals in New York State are bound by court cases which have clearly set forth the factors to be considered by the Board in reviewing your request. These may seem unnecessary in many instances but by handling all cases under the same guidelines, you are assured equitable treatment by the Board.*

#### **APPLICANT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Lessee: \_\_\_\_\_ Other: \_\_\_\_\_

#### **OWNER (If other than above)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the subject property within 500' of a State or County Road or Town Boundary? If yes, the Town may be required to refer your application to the Livingston County Planning Board. Yes No

Is the subject property within 500' of an Agricultural District? Yes No – If yes, an Agricultural Data Statement must be completed & submitted with this application.

**PROPERTY DESCRIPTION:** Street Address or Legal description (Subdivision and lot number) \_\_\_\_\_  
\_\_\_\_\_

**PRESENT USE OF PROPERTY:** Circle answer (Commercial/Residential/Vacant)

**SIZE OF PARCEL:** \_\_\_\_\_

**DESCRIBE SPECIFICALLY THE NATURE OF YOUR REQUEST:** \_\_\_\_\_

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

**DESCRIBE THE LOCATION, USE AND SIZE OF STRUCTURES:** \_\_\_\_\_

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

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For office use:

Zoning District: \_\_\_\_\_ Tax Parcel # \_\_\_\_\_

Nature of request:

\_\_\_\_\_ Setback Variance \_\_\_\_\_ C.U.P \_\_\_\_\_ Use Variance \_\_\_\_\_ Lot Coverage \_\_\_\_\_ non-Conforming

\_\_\_\_\_ Lakeshore Fence \_\_\_\_\_ Request for interpretation

Additional comments/notes: \_\_\_\_\_

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

## ZONING BOARD OF APPEALS AREA VARIANCE CHECKLIST

The following checklist with written explanations must accompany all application for requests to the Zoning Board of Appeals for an AREA VARIANCE. All questions must be answered to be considered a complete application.

- 1) Will an undesirable change be produced in the character of the neighborhood or will a detriment to nearby properties be created by granting the Variance?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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- 2) Can the benefit sought by the applicant be achieved by some feasible method other than a Variance: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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- 3) Is the requested Variance substantial: Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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- 4) Will the proposed Variance have an adverse effect or impact on the physical or Environmental conditions in the neighborhood or district? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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- 5) Is the alleged difficulty self-created? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

I certify that the information supplied on this application is complete and accurate, and that the project described if approved, will be completed and the premises used as stipulated in this request.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

**OWNER (if other than above)**

I have read and familiarized myself with the contents of this application and do hereby consent to its submission and processing.

SIGNATURE OF OWNER: \_\_\_\_\_

DATE: \_\_\_\_\_

**POSTING PUBLIC HEARING SIGN – (Applicant or Owner must sign below)**

**Failure to post the Public Hearing sign on the property 10 days prior to the meeting will result in the cancelation of the Public Hearing meeting.**

I agree to post the Public Hearing sign for this meeting on the premises located at \_\_\_\_\_, facing the public street or road on which the property abuts, for a period of at least ten (10) days prior to the Public Hearing date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please return the Public Hearing sign promptly after the meeting date. Please be advised that a \$100.00 charge will be assigned to the Building Permit fee for any signs that are not returned.**