

REGULATIONS FOR FILING FOR A VARIANCE TO THE ZONING BOARD OF APPEALS

The Zoning Board of Appeals regularly conducts public hearings on the first Thursday of each month.

You will be issued a ZBA Notice sign. A \$50 deposit in the form of a check (payable to The Town of North Castle) will be required for the sign to be issued. If the sign and its stand are returned in a reusable condition, as determined by the ZBA secretary, your deposit will be returned. If the sign is not reusable, the deposit will be used to replace the sign.

The following items ***must*** be submitted to the Zoning Board Secretary *no later* than the date specified on the Zoning Board Meeting Dates calendar and application deadline date posted on the town website and also available at the Building Department.

- ✦ Application for a zoning variance must be completed.
- ✦ Application fee for ZBA application in the amount of \$275.
- ✦ Site plan or current survey, seven (7) copies, showing the following:
 - Building plans showing all dimensions and exterior elevations (rendering of structures)
 - Set-backs for zoning district – front, side, and rear.
 - All measurements, calculations, heights, and elevations needed for processing application.
- ✦ Proof of publication for notice of public hearing in the Journal News at least ten (10) days prior to the date of said public hearing.
- ✦ Notice of public hearing will be prepared for the applicant by the Zoning Board secretary only upon submission of completed application form and all documents needed to complete application.
- ✦ Notification to Neighbors: A minimum of ten (10) days prior to the public hearing, copies of the notice of hearing shall be sent by First Class Mail, to all property owners within a distance of two-hundred-fifty (250) feet of the property lines of the applicant.

This list must be obtained at the Town of North Castle Assessor's office for a \$50.00 fee. Postal Form 3665 "Certificate of Mailing" (copy attached) shall be filled out and stamped by the Post Office at the time of mailing.

- ✧ Other notification: If the application involves curb cuts, changes or other alterations to Town roads, the notice of hearing and a copy of the application must be sent by certified mail, return receipt requested to the Senior Highway Foreman at least ten (10) days prior to the hearing.

Other Notification: If the application involves problems of traffic in front of and/or adjacent to the premises in question, the notice of hearing and a copy of the application must be sent by certified mail, return receipt requested, to the Chief of Police at least ten (10) days prior to the hearing.

General Municipal Law: County Planning Board has jurisdiction over certain actions on properties within 500 feet of County and State Highway or Parks, County drainage, channel lines, and State and County owned land on which public buildings or institutions are situated on Municipal Boundaries. The County Planning Board must be notified within 30 days prior to the meeting date so that that they may review and submit a report.

The property identification card must be conspicuously placed on the mailbox or entrance of the property (in plain sight) so as to identify the property locations requesting a variance.

Note the Following:

1. The preparation and cost of publication and mailing of any notice required for public hearings shall be at the cost and expense of the applicant. At the hearing, the applicant must appear in person or by duly authorized representatives(s) to present his or her proofs, including the proof of title.
2. When applying for an area variance, the applicant should seek the least amount of relief possible from the requirements of the zoning code.
3. The applicant must make a Good Faith Attempt to purchase adjoining property before seeking an area variance.

If a meeting is cancelled due to circumstances beyond our control, the “public hearing and notification process must start anew.”

TOWN OF NORTH CASTLE
APPLICATION FOR ZONING VARIANCE

Please Print or Type

APPLICANT: Name: _____ Address: _____ _____ Phone #: _____	AGENT/ATTORNEY: Name: _____ Address: _____ _____ Phone #: _____
OWNER: Name: _____ Address: _____ _____ Phone #: _____	LESSEE: Name: _____ Address: _____ _____ Phone #: _____

LOCATION OF PREMISES IN NEED OF A VARIANCE:			
Address: _____ _____			
Section: _____	Block: _____	Lot: _____	Zoning District: _____

Please check the box that describes the variance you are requesting:

- | | | | |
|---|-----------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Use | <input type="checkbox"/> Area | <input type="checkbox"/> Height | <input type="checkbox"/> Frontage |
| <input type="checkbox"/> Depth | <input type="checkbox"/> Coverage | <input type="checkbox"/> Floor Area | <input type="checkbox"/> Parking |
| <input type="checkbox"/> Other (Please Describe): _____ | | | |

Application is hereby made under the discretionary power vested in you by the Zoning Ordinance of the Town of North Castle. You must state here all sections of Town Zoning Code from which you are requesting relief including descriptions, measurements, and calculations:

In connection with: ☐ New Construction ☐ Existing Structure ☐ Addition ☐ Alteration

Description of Work:

Has any previous application or variance been applied for or granted to this premises?

☐ Yes ☐ No

If Yes, please list all:

What is the applicant's interest in the premises? ☐ Owner ☐ Lessee ☐ Contract Vendee

Is there any violation or court action pending relative to this premises or this matter?

☐ Yes ☐ No

If Yes, please describe below:

What is the approximate cost of this project? \$ _____

Are there any deed restrictions, covenants, or easements on the premises? ☐ Yes ☐ No

If Yes, please describe below:

Has the applicant offered to purchase additional property from adjoining neighbors?

☐ Yes ☐ No

If Yes, please describe below:

Is the property affected by this application within 500 feet of any of the following: City, Village, Town, County, or State recreational areas; County or State right-of-ways, Thruways, Parkways, Expressways, Highways, Controlled-access ways; streams or drainage channels owned by the County, Town or State; land owned by the County, State, or City of New York, or any public building or institution? If Yes, please give the name and location of public land, institutions and buildings:

I HEREBY DISPOSE AND SAY THAT ALL THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ALL THE PAPERS AND PLANS SUBMITTED WITH THIS APPLICATION ARE TRUE.

Applicant

Date



Certificate of Mailing — Firm

Name and Address of Sender	TOTAL NO. of Pieces Listed by Sender	TOTAL NO. of Pieces Received at Post Office™	Affix Stamp Here <i>Postmark with Date of Receipt.</i>			
	Postmaster, per (name of receiving employee)					
USPS® Tracking Number Firm-specific Identifier	Address (Name, Street, City, State, and ZIP Code™)		Postage	Fee	Special Handling	Parcel Airlift
1.						
2.						
3.						
4.						
5.						
6.						