

**VILLAGE OF FLORIDA, NEW YORK
APPLICATION TO THE ZONING BOARD OF APPEALS**

APPLICANT(S) _____ TELEPHONE _____
ADDRESS _____ ZIP CODE _____
LOCATION OF PROPERTY _____
ZONING DISTRICT _____ SECTION _____ BLOCK _____ LOT _____
APPLICANT IS: _____ OWNER _____ TENANT _____ OTHER _____
ATTORNEY _____ TELEPHONE _____
(OR OTHER LEGAL REPRESENTATION OF APPLICANT)
ADDRESS _____ ZIP CODE _____ TELEPHONE _____

CHECK LIST OF APPLICATION REQUIREMENTS

1. **Must be presented 15 days before the scheduled meeting (the 2nd Monday of each month), AND**
2. One copy of this application form, completed in full, **AND**
3. Application fee of two hundred dollars (\$200), payable to the Village of Florida, **AND**
4. Ten copies of a plot plan showing streets, set-backs, existing and proposed buildings, **AND**
5. One of more recent photographs of front and back of any existing structure(s), **AND**
6. A copy of the Notice of Disapproval from the Building Inspector and/or Planning Board, or other, **AND**
7. A copy of the deed to the property or an executed contract of sale, **AND**
8. A list of names and addresses of all owners (including husband and wife, if applicable) of all properties abutting that held by the applicant and all other owners within 300 feet form the exterior boundaries of the property set forth, as the names appear on the last completed assessment roll of the Village of Florida.

**THE APPLICATION WILL NOT BE ACCEPTED UNLESS ACCOMPANIED BY ALL OF THE ABOVE
REQUIRED SUPPORTING MATERIALS**

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

1. Are the existing premises presently occupied? _____ Seasonally? _____ Year-round?
_____ Owner Occupied?
2. Has improvement construction or addition work been started? _____ YES _____ NO.
3. Is a STOP WORK ORDER in effect as of the date of this application _____ YES _____ NO.
4. Has a previous appeal been made with respect to this decision of the Building Inspector or with respect to the property? _____ YES _____ NO. If Yes, was such appeal in the form of

a requested interpretation _____ YES _____ NO, or a requested variance _____ YES _____ NO.

- 5. Are the lands or buildings within five hundred (500) feet of:
 - A. Boundary of any City, Town or Village? _____ YES _____ NO.
 - B. Boundary of any existing or proposed State of County park or other recreation area? _____ YES _____ NO.
 - C. Right-of-way or any existing or proposed State or County parkway, roadway or highway? _____ YES _____ NO.
 - D. Right-of-way of any existing or proposed stream or drainage channel owned by the County or for which the County has established channel lines? _____ YES _____ NO.
 - E. Boundary of any existing or proposed State or County owned land on which a public building or institution is or is proposed to be situated? _____ YES _____ NO.

6. State the Nature of the Appeal:

- 7. Type of Appeal: _____ An interpretation of the Zoning Law or Zoning Map.
_____ A variance to the Zoning Law.

8. Nature of the Request:

Section of Law	Concerning	Purpose	From	To
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

9. State the reasons for applying for the Appeal (ex. Practical or economic difficulties).

The applicant must submit any additional information requested by the Zoning Board of Appeals, no later than 120 days after the first hearing date. Failure to provide the requested information within 120 days will result in the application being voided.

The applicant must sign this document before a Notary Public.

STATE OF NEW YORK
COUNTY OF ORANGE

Sworn before me this _____ day
of _____, 20____.

Notary Public

Applicant's Signature

APPLICATION FEE: \$200.00 DATE PAID: _____

CHECK # _____