

**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 Filed 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 from 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).
See Attached Questionnaire

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 # _____

AREA VARIANCE

The following information is submitted in support of the application (the law does not require that all of the questions be answered in the negative to obtain a variance).

1. Will an undesirable change be produced in the character of the neighborhood or a detriment to nearby properties be created by the granting of the variance(s) you request? ___Yes ___No

State the reasons for your answer

2. Can the benefit you seek be achieved by some feasible method, other than the variance(s)? Yes____ No ____

State the reason(s) for your answer.

3. Is the requested variance(s) substantial Yes____ No ____

State the reason(s) for you'll answer.

4. Will the proposed variance(s) have an adverse effect or impact on the physical Or environmental conditions in the neighborhood or district? Yes____ No ____

State the reason(s) for your answer.

USE VARIANCE

You must prove unnecessary hardship to obtain a use variance. In order to prove unnecessary hardship, you must prove all of the following.

1. You cannot realize a reasonable return on the property. The lack of return must be substantial and demonstrated by competent financial evidence. Can you show a lack of a substantial return? Yes No.

What financial evidence are you presenting?

2. The alleged hardship relating to the property in question must be unique, and not applicable to a substantial portion of the district or neighborhood. Is your hardship unique and not applicable to a substantial portion of the District or neighborhood?

Yes _____ No _____

State the reason(s) for your answer.

3. The requested use variance, if granted, will not alter the essential character of the neighborhood. Will the use variance requested alter the essential character of the neighborhood?

Yes _____ No _____

State the reason(s) for your answer.

4. The alleged hardship cannot be self-created. Is your hardship self-created?

Yes _____ No _____

State the reason(s) for your answer.

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
Name of Action or Project:			
Project Location (describe, and attach a location map):			
Brief Description of Proposed Action:			
Name of Applicant or Sponsor:		Telephone:	
		E-Mail:	
Address:			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. Urban Rural (non-agriculture) Industrial Commercial Residential (suburban)			
<input type="checkbox"/> Forest Agriculture Aquatic Other(Specify):			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places? b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest Agricultural/grasslands Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
49. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input type="checkbox"/>	<input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		