

# Town of Bethel Zoning Board

PO Box 300, 3454 Route 55  
White Lake, NY 12786  
845-583-4350 Ext 105  
845-583-4710 (F)  
Email: bethelcodeclerk@gmail.com



## ZONING BOARD OF APPEALS APPLICATION FOR:

☐ **AREA VARIANCE**

### INSTRUCTIONS FOR ALL APPLICATIONS

You must submit, and all application packets must include:

- ☐ **(9) copies to the clerk, (1) to the Town Attorney**
- ☐ Completed applications to the Zoning Board Clerk 10 business days prior to meeting
- ☐ Submit (9) copies of maps or site plans, building plans and surveys FOLDED, NOT ROLLED
- ☐ EAF Short Form part 1 (Environment Assessment Form- <https://gisservices.dec.ny.gov/eafmapper/>)
- ☐ Owners Proxy (one per owner)

### In addition, you must also submit the following but not limited to:

- ☐ PDF from the (Engineer/ surveyor) of maps or site plans, building plans and survey.  
(Submitted by email to the Zoning Board Clerk at [tobbldgdept@gmail.com](mailto:tobbldgdept@gmail.com))
- ☐ Application fee and Escrow fee payable to Town of Bethel

**All fees must be paid upon submission of the application. No application will be accepted as complete unless all fees are paid and complete applications are submitted 10 Business Days prior to the scheduled meeting.**

**It is the Applicant's responsibility to deliver (either in person or by postal mailing) an additional set of the Application packet listed above (i.e., Completed application, copy of map or site plans, EAF Form, etc.) Zoning Board's Attorney office 10 Business Days prior to the scheduled meeting.**

## **ATTORNEY'S ADDRESSES:**

**John C. Cappello**

Mailing:  
PO Box 367  
Walden NY, 12586

OR

Delivery: Leave with Zoning Board Clerk

## **Area Variance Application**

**§345-5 Area Variance:** Is the authorization by the Zoning Board of Appeals for the use of land in a manner that is not allowed by the dimensional or physical requirements of the applicable zoning regulations

## **§ 345-50 Powers and duties**

### **(3) Area Variances**

**(e)**The Zoning Board of Appeals shall, in the granting of area variances, have the authority to impose such reasonable conditions and restrictions as are directly related to and incidental to the proposed use of the property. Such conditions shall be consistent with the spirit and intent of this chapter, and shall be imposed for the purpose of minimizing any adverse impact such area variance may have on the neighborhood or community. If the applicant refuses to accept such conditions and restrictions, the area variance shall be denied.

If the Zoning Board of Appeals imposes any such conditions and restrictions as provided herein, the applicant must apply to the Planning Board for site plan review and the approved site plan will incorporate any such conditions and restrictions.

Submit a survey or plot plan drawn to scale, certified, and indicating the following:

- 1) Location of all existing structures and other site improvements (i.e., well, septic system/sewer lines, etc.).
- 2) Location(s) of proposed improvements.
- 3) Names and locations of all existing and proposed streets, highways, easements, etc.
- 4) Any additional information pertinent to this application which could assist the Board in its review of the application.
- 5) \$300.00 application fee and a minimum of \$1,000.00 escrow fee due at submission.

Zoning District: \_\_\_\_\_

Tax Map Number: Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Physical Street Location \_\_\_\_\_

Owners Name: \_\_\_\_\_

Tax Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Name and Contact Information of Applicants representative(s): (Circle One)

Attorney      Architect      Engineer      Other: \_\_\_\_\_

Applicant's interest and/or Contract Vendee in Property: (Circle One)

Owner      Agent of the Owner      Lessee      Other \_\_\_\_\_

Denial of an application for building permit? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of denial \_\_\_\_\_

**Copy of denial Letter must be attached with this application.**

State what type and size of an area variance you are requesting (i.e. 3 foot side yard setback):

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Required Set Backs for the District from the Table of Use and Bulk Requirements §345-10, **are:**

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State the reason you are applying for the area variance:

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Describe the character of the neighborhood:

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## **Applicants Review of the Area Variance Criteria to the Zoning Board**

1) Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created: **(YES/NO) Because:**

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2) Whether the benefit can be achieved by some method, feasible to the applicant, other than an area variance: **(YES/NO) Because:**

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3) Whether the request variance is substantial: **(YES/NO) Because:**

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4) Whether or not the proposed area variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood: **(YES/NO) Because:**

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5) Whether or not the alleged difficulty is self-created: **(YES/NO) Because:**

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Applicants signature: \_\_\_\_\_

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

**PLEASE SUBMIT ANY AND ALL DOCUMENTATION THAT WOULD VERIFY THE APPLICANTS' RESPONSES TO THE AREA VARIANCE CRITERIA ABOVE WITH THIS APPLICATION:**

## **TOWN OF BETHEL ZONING BOARD OF APPEALS**

### **OWNER'S PROXY**

(Owner) \_\_\_\_\_ deposes and says he/she resides at

\_\_\_\_\_ in the county of \_\_\_\_\_  
and State of \_\_\_\_\_ and that he/she is the owner of the premises  
described in the foregoing application and that he/she has authorized  
\_\_\_\_\_ to make the foregoing application as described  
therein.

Dated: \_\_\_\_\_

Owners Signature: \_\_\_\_\_

Sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public