



Town of Bethel
Building Department

PO Box 300, 3454 Route 55
White Lake, NY 12786

Area Variance Application

Zoning District: _____ Tax Map Number: Section: _____ Block: _____ Lot: _____

Street Location _____
(Street Name and Number)

Owners Name: _____ Applicants Name: _____

Tax Address: _____ Applicant Address: _____

Phone: (____) _____ Phone: (____) _____

E-mail: _____ E-mail: _____

Name and Contact Information of Applicants representative(s), Attorney, Architect, Engineer, etc.
(Circle One) _____

Applicant's interest and/or Contract Vendee in Property: (Circle One) Owner Agent of the Owner Lessee
Other _____
(Please Specify)

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

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

From (required by Town Code) _____

To (requested variance(s)) _____

State the reason you are applying for the area variance: _____

Describe the character of the neighborhood _____

Attach 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) \$150.00 application fee and a minimum of \$1,000.00 escrow fee due at submission.



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OFFICE OF THE ZONING BOARD OF APPEALS

Date Received: ____/____/____
Date of Hearing: ____/____/____

Date Notified: ____/____/____

Area Variance- Relief from a *dimensional* requirement in the Zoning Code (i.e. height, width, setbacks, etc.)

Pursuant to section 345-50(E)(3), provide an explanation for each of the following:

1) Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created _____

2) Whether the benefit can be achieved by some method, feasible to the applicant, other than an area variance _____

3) Whether the request variance is substantial _____

4) Whether or not the proposed area variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood _____

5) Whether or not the alleged difficulty is self-created _____

Signature of Applicant: _____ Date: _____



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Ten (10) copies of the application and survey and/ or plot plan and SEQRA Environmental Assessment Form (if necessary) must be submitted together with all fees to be considered complete. Incomplete applications will not be placed on the agenda, complete applications must be submitted 14 days prior to for the next scheduled meeting.

Please review the Town Code, Chapter 345 for Area Variance <http://ecode360.com/9439155>

Attach a written statement describing the purpose of your request for this Area Variance.



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TO: TOWN OF BETHEL ZONING BOARD OF APPEALS

RE: 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: _____

Owner Signature

Sworn to before me

This _____day of _____, 20____.

Notary Public