



Town of Bethel  
*Building Department*  
PO Box 300, 3454 Route 55  
White Lake, NY 12786

**Use Variance**

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

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

Location \_\_\_\_\_  
(Street Name and Number)

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

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

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

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

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

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

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

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

Name and Address for legal notices: Owner                  Applicant                  Engineer (Circle One)

Applicant's interest in Property:    Owner    Agent of the Owner    Lessee  
Other \_\_\_\_\_ (Circle One)  
(Please Specify)

The Applicant is seeking relief from the following Zoning Code Section: 345-\_\_\_\_\_

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

**COPY OF DENIAL LETTER MUST BE SUBMITTED WITH THIS APPLICATION**

Describe the proposed use of the property: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the current use of the property: \_\_\_\_\_  
\_\_\_\_\_

Describe the character of the neighborhood: \_\_\_\_\_  
\_\_\_\_\_

Attach a survey or plot plan drawn to scale 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.



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TEST: No use variance will be granted without showing by you (the applicant) that applicable zoning regulations and restrictions have caused unnecessary hardship. The following tests must be met for each and every use allowed by zoning on the property, including uses allowed by special use permit. In addition to the submissions required by section 345-50(E)(2), briefly describe below how each of the four variance tests are met. Attach all supporting materials.

- 1) The applicant cannot realize a reasonable return, as shown by competent financial evidence. The lack of return must be substantial.

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) The alleged hardship relating to the property is unique. (the hardship may not apply to a substantial portion of the zoning district or neighborhood):

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 4) The alleged hardship has not been self-created:

Proof: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_

**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