

**Town of Northumberland  
Area Variance Application  
Zoning Board of Appeals**

**OFFICE USE ONLY**

SBL#: \_\_\_\_\_  
Application #: \_\_\_\_\_  
Date of Appeal: \_\_\_\_\_  
Date of Receipt by Board: \_\_\_\_\_  
Date of Public Hearing: \_\_\_\_\_  
Date of Final Action: \_\_\_\_\_  
Date of Filing a Decision with the  
Town Clerk's Office: \_\_\_\_\_

**Part 1: To Be Completed by the Applicant**

Applicant: \_\_\_\_\_  
Owner (if not applicant): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Property Information**

Appeal Concerns Property at the Following Address: \_\_\_\_\_

Date Applicant Acquired Property: \_\_\_\_\_  
( If property is not owned by the applicant, the applicant must submit a statement by the  
property owner authorizing the applicant to appeal on his/her behalf. )

**Note:** *the ZBA is without authority to grant an Area Variance unless the applicant can demonstrate that the  
dimensional requirements of the zoning regulations have created a practical difficulty. Accordingly, the  
applicant for an Area Variance must complete the following information.*

**Project Description** (Briefly describe your proposal and attach a surveyed plot plan): \_\_\_\_\_

State what **type and size of an area variance you are requesting** (ex. 3 foot side yard variance): \_\_\_\_\_

State the **reason you are applying for the area variance:** \_\_\_\_\_

**Describe the character of the neighborhood** and how this project will not be a substantial detriment to the  
neighborhood: \_\_\_\_\_

**Signature of Property Owner:** \_\_\_\_\_ **Signature of Applicant:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Disclaimer:** We hereby dispose and say that all the above statements and  
statement content in the application submitted are true.

Sworn before me, \_\_\_\_\_, on this date \_\_\_\_\_, month, \_\_\_\_\_, and year \_\_\_\_\_

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Notary**

\_\_\_\_\_  
**Property Owner**

**Part 2: To Be Completed by Zoning Administrator**

SBL# \_\_\_\_\_ Current Zoning: \_\_\_\_\_

Is Property in Hamlet Area? \_\_\_ Yes \_\_\_ No      Is SEQRA Review required? \_\_\_ Yes \_\_\_ No

The applicant's appeal from a decision of the Zoning Enforcement Officer, or on direct appeal from the planning board as permitted by Town Law, concerns the following:

\_\_\_\_\_ Denial of an Application for a Building Permit concerns the following: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Denial of an Application for a Certificate of Occupancy (Attach to Application)

For the Proposed Activity: \_\_\_\_\_  
Denial was made because of a violation of the Town Zoning Code (s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Zoning Administrator

\_\_\_\_\_  
Date of Zoning Administrator's Decision

**Part 3: To Be Completed by the Zoning Board of Appeals**

Following a public hearing and reviewing the above materials from the applicant and the criteria provided from the Zoning Administrator the ZBA finds:

\_\_\_\_\_ The Applicant has failed to meet the above criteria and the application is **denied** on the basis of: \_\_\_\_\_

\_\_\_\_\_ The Applicant has shown adequate and substantial merit to the application project and is hereby **approved** by the ZBA which grants the applicant the requested Area Variance in the manner detailed below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of ZBA Chairperson

\_\_\_\_\_  
Date

**Applicant:** Unless otherwise specified by the Zoning Board of Appeals, a decision on any appeal shall expire if you fail to obtain any necessary building permits or comply with the conditions of said authorized permit within six (6) months from the date of authorization thereof. The Zoning Board of Appeals may increase this period from six (6) months to one (1) year at its discretion.