

VILLAGE OF WARWICK
ZONING BOARD OF APPEALS
P.O. BOX 369
WARWICK, NEW YORK 10990
(845) 986-2031 EXT. 7

Instructions for completing an application for a variance from the Zoning Board of Appeals for the Village of Warwick.

- 1) The application consists of two (2) pages. You will need to submit eight (8) copies of the application.
- 2) The following information shall be included:
 - (a) A copy of your survey or plot plan, showing street(s), setbacks, buildings and dimensions and any other details or exhibits applicable to the situation.
 - (b) A copy of the Denial received by either the Building Inspector or Village of Warwick Planning Board.
 - (c) A completed Environmental Assessment Form (Short EAF)

After completing the application, return all copies to the Zoning Board of Appeals along with a check in the amount of \$ _____ made payable to the Village of Warwick.

Your application will then be forwarded to the ZBA attorney and may also be required to be reviewed by the Orange County Dept. of Planning (see attached). The ZBA attorney will prepare a Notice of Public Hearing for publication in the official Village newspaper.

A copy of the notice will be supplied to you and/or your attorney/representative as designated, to act on your behalf, along with a list of property owners within three hundred (300) feet of the property lines and their mailing addresses where the variance is being requested. It is the responsibility of the applicant to mail the notice to the property owners by certified, return, receipt and submit the receipts at the meeting.

The applicant shall be responsible for the Zoning Board attorney's time and any other consultants time spent on your application.

Applications must be submitted one (1) month prior to a meeting. The Zoning Board of Appeals meetings are held the third (3rd) Monday of the month (subject to change)

ZONING BOARD OF APPEALS
VILLAGE OF WARWICK, NEW YORK

Petition

Name _____

Address _____ Tele: _____

City &
State _____ Zip: _____

Location of
Property _____

Zone or
Use _____

Section _____ Block _____ Lot _____

Applicant is _____ Owner _____ Tenant _____ Other
Attorney
Or
Representative _____ Tele _____

**THIS APPLICATION WILL NOT BE ACCEPTED UNLESS
ACCOMPANIED BY:**

- A) Survey or Plot Plan showing street(s), set-back(s), building(s) and dimensions
- B) Any other details or exhibits applicable to the situation
- C) State the hardship and/or practical difficulty involved. (Attach additional sheets if necessary)

Applicants Signature _____

1) The applicant hereby appeals to the Board of Appeals of the Village of Warwick from:

a. An order, requirement, decision, or determination made by the Building Inspector

b. Other: _____

2. Has an application been made for a Building Permit or a Certificate of Occupancy?
 Yes No If "Yes", attach a copy of the application and/or copy of Order, Requirement, Decision or Determination of the Building Inspector denying or revoking same.

3. State whether the applicant has made an application for a prior variance of any kind affecting the premises:

Yes No

4. The names and addresses of all owners, including husband and wife, as the case may be, of property abutting that is held by the applicant and all other owners within 300 feet from the exterior boundaries of the property set forth above, as the names of said owners appear on the last completed assessment roll of the Village of Warwick, are annexed hereto. These property owners must be notified by Certified Receipt Mail at least five (5) days prior to the Public Hearing in accord with Article IX, Section 9.3.3 Village of Warwick Zoning Ordinance as amended.

5. Has this Board rendered a decision upon a request for the same or similar relief sought herein for this property?

Yes No

If Yes when? _____

6. If the lands or buildings are within five hundred (500) feet of any of the following five items, circle the applicable number:

- 1) Boundary of the Town of Warwick
- 2) Boundary of any existing or proposed State or County Park or other Recreation area
- 3) Right-of-Way of any existing or proposed State or County Parkway, Thruway, Expressway, Road or Highway
- 4) 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
- 5) 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.

AREA VARIANCE

The following information is submitted to 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 reason 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 for your answer: _____
-

- 3) Is the requested variance(s) substantial? Yes No
State the reason for your 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 for your answer: _____
-

- 5) Is the alleged difficulty self-created? Yes No State the reason 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. Yes No

The requested use variance, if granted, will 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 governmental 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, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO	YES	N/A	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Consistent with the adopted comprehensive plan?	NO	YES	N/A	
	<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?	NO	YES		
	<input type="checkbox"/>	<input type="checkbox"/>		
	b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input type="checkbox"/>	
	c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<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"/>		
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 site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	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"/>		
	<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 <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> 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 plain?	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? <input type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____	NO	YES		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p>	NO	YES
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p>	NO	YES
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		



Steven M. Neuhaus
County Executive

Orange County Department of Planning
Submittal Form for Mandatory Review of Local Planning Action
as per NYS General Municipal Law §239-l,m, & n

Referral ID#:
(County use only)

This form is to be completed by the local board having jurisdiction. Submittals from applicants will not be accepted unless coordinated with both the local board having jurisdiction and the County Department of Planning.

Please include all materials that are part of a "full statement" as defined by NYS GML §239-m (i.e. "all materials required by and submitted to the referring body as an application on a proposed action").

Municipality:		Tax Map #:	
Local Referring Board:		Tax Map #:	
Applicant:		Tax Map #:	
Project Name:		Local File No.:	
Location of Project Site		Size of Parcel*:	
Reason for County Review:		*If more than one parcel, please include sum of all parcels.	
		Current Zoning District (include any overlays):	

Type of Review:

Comprehensive Plan Update/Adoption

Zoning Amendment

Zoning District Change from _____ to _____

Ordinance Modification (cite section): _____

Local Law _____

Site Plan Sq. feet proposed (non-residential only): _____

Subdivision Which approval is the applicant currently seeking? SKETCH / PRELIM / FINAL (circle one)

Number of lots proposed: _____

Which approval is the applicant currently seeking? SKETCH / PRELIM / FINAL (circle one)

Special Use Permit _____

Lot Line Change _____

Variance AREA / USE (circle one) _____

Other _____

Is this an update to a previously submitted referral? YES / NO (circle one)

Local board comments or elaboration:

Signature of local official _____ Date _____ Title _____

Municipal Contact Phone Number: _____

If you would like the applicant to be cc'd on this letter, please provide the applicant's address:

Please return, along with full statement, to: Orange County Dept. of Planning 124 Main St.Goshen, NY 10924
Question or comments, call: 845-615-3840 or email: planning@orangecountygov.com