

**City of Gloversville
Zoning Board of Appeals
General Information and Procedures**

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|--------------------------------|---|---|
| Zoning Officer: | David Fox | (518) 725-3124 or (518) 921-1024 |
| Zoning Board Secretary: | Tracy Gutowski | (518) 725-3124 |
| Regular Meetings: | *First Wednesday each month at 7:00 p.m. | |
| Meeting Location: | City Hall, 3 Frontage Road, Gloversville, NY | |

Procedures

1. The applicant or a representative must be present before the ZBA will hear the case.
2. **The applicant must supply the Clerk with 11 copies of the following: application, plot plan showing all property dimensions; lot size, location of septic and size of all buildings, and a diagram showing all proposed changes not later than 14 days before meeting date, by 10:00 a.m.** Photographs of the property and buildings are recommended. In addition, where appropriate, it is recommended that the applicant have a larger field drawing (such as a tax map) showing the locations of all adjoining properties and their structures. For their own protection, the applicant should have a certified survey of the lot for which the variance is requested, but this is not mandatory.
3. The applicant should bring written, signed letters from adjoining landowners stating their position regarding the requested variance and or proof of notification via certified mail return receipt requested.
4. The applicant or their representative will describe the variance requested and answer all questions by members of the Board.
5. Input concerning the requested variance will be requested from the Zoning Officer, and where appropriate, the City Planning Board and the County Planning Board.
6. Concerned citizens will be provided the opportunity to give input concerning the requested variance.
7. If more information is needed, the Board may request that the applicant obtain the requested information and come back at the following month's meeting.
8. In order for any motion to pass, three (3) votes, the majority of the Board, are required.

Summary of Use Variance Criteria

To allow a use not otherwise allowed in zoning, an applicant must demonstrate to the Board **Unnecessary Hardship. Such demonstration includes all of the following for each and every permitted use:**

1. Cannot realize a reasonable return – substantial as shown by competent financial evidence;
2. Alleged hardship is unique and does not apply to substantial portion of district or neighborhood;
3. Requested variance will not alter essential character of the neighborhood;
4. Alleged hardship has not been self-created.

If approved, the Board shall grant minimum variance necessary, and may impose reasonable conditions.

Summary of Area Variance Criteria

Balance Test – Board of Appeals shall balance benefit to applicant with detriment to health, safety, and welfare of the community. Board of Appeals shall also consider:

1. Whether benefit can be achieved by other means feasible to applicant;
2. Undesirable change in the neighborhood character or to nearby properties;
3. Whether the request is substantial;
4. Whether the request will have adverse physical or environmental effects;
5. Whether the alleged difficulty is self-created.

If approved, the Board shall grant the minimum variance necessary, and may impose reasonable conditions.

*Subject to change

**Application to the Zoning Board of Appeals
City of Gloversville**

**3 Frontage Rd.
Gloversville, NY 12078
Telephone # 518-725-3124 or Fax # 518-725-3732**

Appeal No. _____

Date: _____

Section/Block/Lot # _____

Applicant(s): Name: _____

Complete Address: _____

Telephone Number: _____

I (we) hereby appeal to the Zoning Board of Appeals from the decision of the **Building Inspector** for a building permit to:

Dated _____ 20____ whereby the zoning officer did (___) Grant (___) Deny

1. Location of property _____
2. Criteria by which to identify the property (ex. house color, neighboring property description, etc.) _____
3. Zoning District _____
4. Type of Appeal. An appeal is made herewith for:
 An **Interpretation** of the zoning regulations on zoning map
 A **Variance** to the zoning regulations **Use** **Area**
 A certification to re-establish an abandoned non-conforming use

| | <u>Appeals Information</u> | | |
|------------------------|-----------------------------------|-----------------|------------------------|
| | Required | Proposed | Variance Needed |
| Lot Area: | _____ | _____ | _____ |
| % of building coverage | _____ | _____ | _____ |
| Set Backs: Front | _____ | _____ | _____ |
| Back | _____ | _____ | _____ |
| Two-sides | _____ | _____ | _____ |
| Side | _____ | _____ | _____ |
| Minimum Lot Width | _____ | _____ | _____ |
| Minimum Frontage | _____ | _____ | _____ |
| Height Variance | _____ | _____ | _____ |
| Sign Variance | _____ | _____ | _____ |

Summary of use or area variance criteria (provide a narrative for each test – see page 1): _____

**City of Gloversville
Summary of Area Variance Criteria**

Balance Test: Board of Appeals shall balance benefit to applicant with detriment to health, safety, and welfare of the community. Board of Appeals shall also consider:

1. Whether benefit can be achieved by other means feasible to the applicant:

Proof _____

2. Undesirable change in the neighborhood character or to nearby properties:

Proof _____

3. Whether the request is substantial:

Proof _____

4. Whether the request will have adverse physical or environmental effects:

Proof _____

5. Whether the alleged difficulty is self-created:

Proof _____

If approved, the Board shall grant the minimum variance necessary, and may impose reasonable conditions.

Are there any deed restrictions, easements, or covenants on the property which affect the proposed request and use that you are applying for?

No _____

Yes _____

Explain _____

If yes, please provide a copy of your deed.

I hereby attest that the information presented in this application is accurate and is a truthful representation of the proposal.

Signed: _____ Date: _____

- Requirement of Property Owner –

I hereby give permission to the Applicant to appear before the Zoning Board of Appeals.

Property Owner Signature: _____ Date: _____

I hereby give permission to _____ to appear on my behalf.
(name of Third Party designated to appear)

Property Owner Signature: _____ Date: _____

Fee: \$ _____

*Files that remain inactive for a period of two (2) months must be refiled with a \$150 application fee.

Zoning Board of Appeals meetings begin at 7:00 p.m.