

# Town of Poughkeepsie Planning & Zoning

1 Overocker Road Poughkeepsie, NY 12603

845-485-3657 Phone 845-486-7885/790-4772 Fax

Town of Poughkeepsie Zoning Board of Appeals
Application for Area Variance / Interpretation
APPROVAL REQUESTED FOR: (Check all that apply)
nterpretation Area Variance
Name of Project (if applicable):
Name of Applicant(s):
Address:
Telephone:
Name and Address of Record Owner(s):
Name and Address of Attorney or professional representative:
Telephone:
Street Address of all parcels:
Tax Map Number of all parcels:
Zoning District:
Have any permits affecting the property been issued by any other governmental agency?  No Yes If yes, please list in detail (attach separate pages if necessary):

_		Yes	If yes, please list in detail (attach separate pages if
ach a c	opy of the current deed a	nd any easem	ents affecting the property.
			etation: (Attach additional pages as necessary)
Provide	e a description of the propo		h regard to the following standards. (Attach additional
. •	Whether an undesirable		e produced in the character of the neighborhood, or a eated by the granting of the area variance;
2)			cant can be achieved by some method, feasible for the ariance;
3)	Whether the requested ar	ea variance is	substantial;
4)			have an adverse effect or impact on the physical or bood or district.
	For Arr Provide pages (1)	For Area Variance Applications Provide a description of the propopages as necessary)  1) Whether an undesirable detriment to nearby prope  2) Whether the benefit soug applicant to pursue, other  3) Whether the requested are  4) Whether the proposed whether the proposed with the pro	For Area Variance Applications:  Provide a description of the proposed activity with pages as necessary)  1) Whether an undesirable change will be detriment to nearby properties will be creed to pursue, other than an area versions:  2) Whether the benefit sought by the applicant to pursue, other than an area versions.

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	5)	Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the area variance.
_		
-		signature the Applicant avows that: 1) He/She has read this application and is familiar with its nd 2) He/She has read, is familiar with, and understands the requirements of the Town
Pough	keep	osie Code provision(s) affecting or regulating the project for which this application is made; and 3)
He/She	e ag	rees to comply with the requirements of the Town Poughkeepsie Code provision(s) affecting or
regulat	ing	the project for which this application is made including any general or special conditions of any
permits	s or	approvals granted by any board, agency, or department of the Town of Poughkeepsie; and 4)
He/She	e ha	s read this statement and understands its meaning and its terms.
Applica	ant S	Signature:
Print N	ame	xi
Date: _		

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### AFFIDAVIT TO BE COMPLETED BY OWNER

Sta	State of }				
Со	} ss: County of }				
	being duly sworn, deposes and says:				
1.	That I/we are the Owner(s) of the within property as described in the foregoing application for Zoning				
	Board of Appeals approval(s) and that the statements contained therein are true to the best of my/our				
	knowledge and belief.				
2.	That I/we hereby authorize, to act as my/our representative				
	in all matters regarding said application(s), and that I/we have the legal right to make or authorize the				
	making of said application.				
3.	That I/we understand that by submitting this application for Zoning Board of Appeals approval that I/we expressly grant permission to the Zoning Board of Appeals and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Zoning Board of Appeals action.				
4.	That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Town related to this application.				
5.	That I/we understand that I/we, and any of our contractors and representatives shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from non-compliance with the approved application, and with non-compliance with any provision of the Town Code. I/we acknowledge that approval of the plan and commencement of any work related to the approved application shall constitute express permission to the Zoning Board of Appeals, the Building Inspector, the Planning Department, the Zoning Administrator, and any duly authorized representative of the Town of Poughkeepsie, to enter the property for the purposes of inspection for compliance with the approved application and any provision of the Town Code, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that by submitting this application, and by approval of said application, including the commencement of any work related to the approved plan is an express waiver of any objection to authorized Town official(s) entering the property for the purpose of conducting inspections.				
6.	That I/we understand that the Zoning Board of Appeals intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we have examined this affidavit and that it is true and correct.				
Apı	olicant/Owner Applicant/Owner				
No	tary Public				

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#### AFFIDAVIT TO BE COMPLETED BY AGENT OF OWNER

Sta	ate of }
Со	y ss: unty of }
	being duly sworn, deposes and says:
1.	That I/we are the named in the foregoing application for Zoning Board of Appeals approval(s) and that the statements contained therein are true to the best of my/our knowledge and belief.
2.	That he/she resides at in the County of
	and the State of
3.	That I/we understand that by submitting this application for Zoning Board of Appeals approval that I/we expressly grant permission to the Zoning Board of Appeals and its authorized representatives to enter upon the property, at all reasonable times, for the purpose of conducting inspections and becoming familiar with site conditions. I/we acknowledge that this grant of permission may only be revoked by the full withdrawal of said application from further Zoning Board of Appeals action. That I/we understand that by submitting this application that I/we shall be responsible for the payment of all application fees, review fees, and inspection fees incurred by the Town related to this application.
4.	That I/we understand that I/we, and any of our contractors and representatives shall be jointly and severally liable for all costs incurred, including environmental restoration costs, resulting from non-compliance with the approved application, and with non-compliance with any provision of the Town Code. I/we acknowledge that approval of the plan and commencement of any work related to the approved application shall constitute express permission to the Zoning Board of Appeals, the Building Inspector, the Planning Department, the Zoning Administrator, and any duly authorized representative of the Town of Poughkeepsie, to enter the property for the purposes of inspection for compliance with the approved application and any provision of the Town Code, whether or not any other permits have been applied for or issued for the project. I/we acknowledge that by submitting this application, and by approval of said application, including the commencement of any work related to the approved plan is an express waiver of any objection to authorized Town official(s) entering the property for the purpose of conducting inspections.
5.	That I/we understand that the Zoning Board of Appeals intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury I/we declare that I/we has examined this affidavit and that it is true and correct.
 Ap	plicant/Agent Applicant/Agent
 No	tary Public

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#### **DISCLOSURE OF BUSINESS INTEREST**

	State or }				
	being duly sworn, deposes and says:				
1.	Pursuant to §803 of the General Municipal Law the following municipal officer(s) or employee(s), and any of their family members, outside employers, business associates, clients, or campaign contributors, have, or will later acquire, an ownership position, employment position, or other contractual interest in the proposed project: (Insert name, home address and municipal position held. Attach additional pages as necessary.)				
_ _ 2.	That the interest of said municipal officer(s) or employee(s) is: (Detail the nature and extent of the interest. Attach additional pages as necessary.)				
3.	That he/she understands that the Town of Poughkeepsie Zoning Board of Appeals intends to rely on the foregoing representations in making a determination to issue the requested applications and approvals and that under penalty of perjury he/she declares that he/she has examined this affidavit and that it is true and correct.				
_ Ag	ent/Owner Agent/Owner				
 No	tary Public				

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## Town of Poughkeepsie Zoning Board of Appeals Agricultural Data Statement

In accordance with §283-a of the New York State Town Law and §305-a of the Agriculture and Markets Law, this Data Statement will be used to evaluate the potential impacts of a proposed development on farm operations in agricultural districts. Name of Applicant(s): Telephone: Description of the Project: APPROVAL REQUESTED FOR: (Check all that apply) Area Variance Interpretation Use Variance Special Use Permit Accessory Apartment Project Address: \_\_\_\_\_ Tax Map Number of all parcels: \_\_\_\_\_ Is any portion of the project site currently being farmed? Is the project site located in an Agricultural District? Yes \_\_\_\_ No Who is farming the site? Does the person farming the site: Rent \_\_\_\_\_ Own \_\_\_\_ the land? Attach a list of the names and addresses of the owners of land within an agricultural district containing a farm operation located within 500 feet of the boundary of the project property, and the tax parcel number of the farm parcels. Attach a copy of the tax map and indicate with an "X" the farm parcels within 500 feet of the project property. I hereby confirm that the information provided herein is true and accurate.

Signature of Applicant:

Date: