

VILLAGE OF WAPPINGERS FALLS



**BUILDING DEPARTMENT
OFFICE OF PLANNING AND ZONING
OFFICE OF CODE ENFORCEMENT
2582 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590
PHONE: (845) 297-5277 FAX: (845) 296-0379
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www.wappingersfallsny.gov**

APPLICATION FOR USE VARIANCE

SUBMISSION REQUIREMENTS

1. All sections of the application form must be complete and accurate.
2. Application fee (non-refundable): cash or checks payable to "Village of Wappingers Falls"
3. The application must be filed with ten (10) copies of your appeal, together with ten (10) copies of all supporting documentation including:
 - _ "Letter of Denial"
 - _ If applicant is different from owner, provide notarized owner's consent in writing with the original signature
 - _ Affidavit of ownership
 - _ Contract of Sale or Lease, if applicable
 - _ EAF short form (or long form if deemed necessary).
 - _ Copies of financial evidence to support zoning hardship. They may include but are not limited to: cash flow analysis of property, income, bill of sale, recent appraisal of property, lease, rental agreements, tax bill, Realtor's Statement of inability to rent/sell.
 - _ Photographs of existing structure(s).
 - _ Drawings and surveys which reflect what exists and what is proposed.

APPLICATION DEADLINE:

In order to be on the following month's agenda you should submit a properly completed application fourteen (14) business days before the Zoning Board of Appeals meeting date. For the complete list of deadlines, go to the Village web site (www.wappingersfallsny.gov), and look under Government>Departments>Building, Planning & Zoning.

ZBA meetings begin at 7:30 p.m. and are usually held on the second Tuesday of each month; however, holidays, weather could necessitate the cancellation or rescheduling of a meeting. You are encouraged to call the Building, Planning and Zoning office the day of the meeting to confirm the meeting.



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(845) 297-5277 Fax: (845) 296- 0379

APPLICATION FOR A USE VARIANCE

APPEAL NUMBER: _____ **MEETING DATE:** _____

APPLICANT:

Name: _____

Address: _____

Phone Numbers: **(H)** _____ **(C)** _____

(E-mail) _____

PROPERTY OWNER:

Name: _____

Address: _____

Contact Phone Numbers. : **(H)** _____ **(C)** _____

Email: _____

PROPERTY INFORMATION

Property Address (subject of appeal)-: _____

Tax Parcel#: _____ Date property acquired: _____

Dimensions: _____ Lot Area: _____ sq. ft. Width ft. Depth: _____

Setback: _____ Front: _____ Rear: _____ Sides: _____

Permitted uses in this one: _____

Present use of property: _____ Proposed Use: _____

Deed Restrictions: _____

SECTION(S) OF ORDINANCE FROM WHICH VARIANCE IS REQUESTED:

DESCRIPTION OF APPEALS REQUESTED:

DATES AND DESCRIPTIONS OF PRIOR APPEALS, VARIANCES OR SPECIAL PERMITS FOR PROPERTY:

PLANNING BOARD REVIEW DATE(S): _____

ENVIRONMENTAL REVIEW: _____



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APPLICATION FOR A USE VARIANCE (Continued)

PLEASE ANSWER THE FOLLOWING QUESTIONS: (Use attachments if necessary)

1. What land use hardship exists on the property for which the appeal is made (consider all uses permitted by zoning when answering this question)?

2. What unique circumstance(s) or condition (s) peculiar to the land or structure (s) necessitate this variances?

3. Did the unique circumstance (s) or condition (s) exists prior to your purchase/ ownership/use of land?

Explain: _____

4. How will the proposed use affect surrounding properties with respect to:

a. Noise and light disturbances? _____

b. Traffic flow? _____

c. Parking? _____

d. Sanitary problems? _____

e. Hazards? _____

f. Compatibility to permitted uses? _____

g. Pedestrian traffic? _____

h. Visual aesthetics? _____

i. Public services like schools, police, fire, water, sewer, and roads? _____

j. The health, security, moral or general welfare of residents, visitors or workers in the area?
