

VARIANCE REQUEST PROCEDURE

1. MEET WITH CODES OFFICER

a. TO DISCUSS

NEED FOR VARIANCE

WHAT TYPE OF VARIANCE NEEDED

COST OF PERMITS REQUESTED

DOCUMENTATION REQUIRED

b. CODES OFFICER GIVES PROPERTY OWNER REQUIRED APPLICATIONS

2. APPLICANT REQUESTS OF THE TOWN CLERK TO BE PUT ON THE AGENDA OF THE PLANNING BOARD AND ZONING BOARD OF APPEALS (ZBA)

- #### **a. TOWN CLERK WILL ADVISE REQUIRED TIMING OF RETURN OF APPLICATION TO STAY ON PLANNING AND ZONING BOARD AGENDAS (ZBA LEAD TIME IS NORMALLY 3-5 WEEKS DUE TO NEED TO PUBLICIZE A PUBLIC HEARING)**

3. APPLICANT MUST FILL OUT VARIANCE AND ZONING PERMIT APPLICATIONS

- #### **a. SUBMIT APPLICATION TO THE TOWN/VILLAGE CODES OFFICER FOR REVIEW WITH: CURRENT SURVEY MAP INCLUDING REQUESTED VARIANCE/PROPOSED CHANGE AND REQUESTED VARIANCE DRAWN OUT**
- #### **b. PAY TOWN CLERK APPLICABLE FEES FOR APPLICATIONS**

4. TOWN CLERK WILL NOTIFY APPLICANT OF THE DATE AND TIME OF ZBA MEETINGS
5. CODES OFFICER WILL COMPLETE A NOTICE OF ACTION ON THE APPLICATION
6. WHEN APPROPRIATE, THE TOWN CLERK WILL FORWARD THE APPLICATION TO MADISON COUNTY PLANNING DEPT. FOR ITS RECOMMENDATION (REQUIRES 30 DAY LEAD TIME).
LEAD TIME NORMALLY IN CONJUNCTION WITH LEAD TIME FOR ZBA
7. ZBA WILL HOLD A PUBLIC HEARING AND REVIEW APPLICATION.
8. AFTER VARIANCE IS APPROVED, APPLICANT SHALL MEET WITH CODES OFFICER FOR ISSUANCE OF PERMITS.
9. CODES OFFICER TAKES/NOTIFIES APPLICANT TO PAY TOWN CLERK TO RECEIVE PAYMENT.

Town of Lenox, NY
Monday, June 9, 2014

Chapter 134. ZONING

Article VII. Enforcement; Administration; Amendments

§ 134-62. Granting of variances.

- A. No variance in the strict application of any provision of this chapter shall be granted by the Board unless it finds:
- (1) Strict application of the chapter would produce undue hardship and that the hardship is not self-created.
 - (2) The hardship is unique and is not shared by all properties alike in the immediate vicinity of the property and the district.
 - (3) The variance would observe the spirit of this chapter and would not change the character of the district, be injurious to the neighborhood or otherwise detrimental to public welfare.
 - (4) The variance would observe the intent of the Comprehensive Plan.
 - (5) The variance is the minimum necessary to grant relief.
- B. Procedure for interpretation variance.
- (1) The Board of Appeals shall act in strict accordance with the procedure specified by the law and by this chapter. All applications made shall be in writing, on forms prescribed by the Board. Every application shall refer to the specific provision of the chapter involved and shall set forth the interpretation claimed or details of the variance that is applied for and the grounds on which it is claimed that the variance should be granted.
 - (2) At least 30 days before the date of the public hearing, the Secretary shall transmit to the Planning Board a copy of the application and notice of hearing. The Planning Board shall submit a report of its advisory opinion prior to the hearing. Failure of the Planning Board to submit a report shall signify its approval of the application.
 - (3) Owners of property within 200 feet of the proposed variance shall be notified by mail at the same time the public hearing notice is given to the newspaper prior to public hearing.

APPLICATION TO PLANNING BOARD/ZONING BOARD OF APPEALS
TOWN OF LENOX

Fee for Variance application- \$30.00

Paid _____

Date of application _____.

Application # _____

For:

1. Interpretation of Zoning Ordinance, Variance: Code section _____
2. Site plan approval _____
3. Special use permit: Section _____
4. Area/Use Variance: _____
5. Appeal of interpretation or action of Zoning Officer: _____
6. Site Plan Approval _____
7. Sign permit: _____

Description: _____

Owner of Property: _____

Address of Owner: _____

Applicant (if different): _____

Address: _____

Phone, Email: _____ Tax ID of Property: _____

Justification for request _____

Owner shall provide supporting material to include: Plans, maps or any other documents relevant to this request.

Signature of Property Owner _____

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 government 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, are adjoining or near the proposed action:				
5. <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,	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<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 services 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 the 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 project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<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?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
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: _____ _____ _____	<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 <input type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input type="checkbox"/>	YES <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? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO <input type="checkbox"/>	YES <input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: _____ Date: _____ Signature: _____ Title: _____		

Project:

Date:

**Short Environmental Assessment Form
Part 2 - Impact Assessment**

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will the proposed action result in a change in the use or intensity of use of land?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the proposed action impair the character or quality of the existing community?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the proposed action impact existing: a. public / private water supplies?	<input type="checkbox"/>	<input type="checkbox"/>
b. public / private wastewater treatment utilities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will the proposed action create a hazard to environmental resources or human health?	<input type="checkbox"/>	<input type="checkbox"/>

Project: Date:

Short Environmental Assessment Form Part 3 Determination of Significance

For every question in Part 2 that was answered "moderate to large impact may occur", or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.
- Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

 Name of Lead Agency

 Date

 Print or Type Name of Responsible Officer in Lead Agency

 Title of Responsible Officer

 Signature of Responsible Officer in Lead Agency

 Signature of Preparer (if different from Responsible Officer)

PRINT FORM

APPLICATION FOR ZONING PERMIT

INSTRUCTIONS

- A. This application **must** be typewritten or completed in ink and submitted to the Town Hall or the Code Enforcement Officer.
- B. All applications must include a site plan. Use survey map where possible. Locate clearly and distinctly all buildings whether existing or proposed and indicate all setbacks with dimensions from property lines. Give lot dimensions according to deed and show location and name of address and street. Show the location of the waste water treatment system (septic) and the water source (well).
- C. Any commercial or industrial application is required to have site plan approval from the planning board.
- D. For construction less than 1500 sq. ft., Licensed Design Professional seal is preferred but not required. Plans must show the dimensions of the building, and dimensions to the property lines. The site plan must provide enough information that the proposed construction complies to the Town of Lenox or Village of Wampsville zoning regulations.
- E. The Codes Department will approve or disapprove the plans within 10 business days.
- F. **THE WORK COVERED BY THIS APPLICATION MAY NOT BE STARTED BEFORE THE ISSUANCE OF A ZONING PERMIT. A Zoning Permit shall be effective to authorize the commencement and completion of work in accordance with this application, with a valid Building Permit, plans and specifications on which it is based for a period of 12 months after the date of issuance.** For good cause the enforcing officer may allow such extension of time, as he may deem reasonable. Where the work described in the application, plans and specifications is not completed within the period allowed by the permit or performed according to this application and any extension thereof, the enforcing officer may order the owner of the premises to remove any structure and fill any excavation which he shall deem detrimental to public health, safety or welfare.
- H. Upon the approval of the application, the Code Enforcement Officer will issue the zoning permit to the applicant together with other required permits.
- I. Notify the Code Enforcement Officer when work is ready for inspection. Refer to inspection schedule with permit.

Note: If you have questions call:

Josh Stagnitti
Code Enforcement Officer
Town of Lenox/Village of Wampsville
205 S. Peterboro St.
Canastota, New York 13032
315-697-5575 Office
315-697-5514 Fax
Email: tolcodes@cnymail.com

Office Hours

Monday thru Friday
8:00 a.m. To 4:00 p.m.

ZONING PERMIT

APPLICATION NUMBER: _____	ISSUED DATE: _____
APPROVED BY: _____	ISSUED BY: _____
SIGNED: x _____ Zoning Officer	SIGNED: x _____ Administration
VARIANCE DATE: _____	ZONING DISTRICT: _____
OFFICIAL USE	

DATE: _____	TAX MAP NUMBER: _____
ADDRESS OF JOB SITE:	

NATURE OF WORK:

PROPOSED USE:

EXISTING USE:

PROPERTY OWNERS NAME: _____
ADDRESS: _____
PHONE NUMBER:

APPLICANTS NAME: _____
ADDRESS: _____
PHONE NUMBER, EMAIL:

APPLICANTS SIGNATURE: x _____

When was the last time you tested your smoke or carbon monoxide detector??