



TOWN OF HARRIETSTOWN  
39 MAIN STREET  
SARANAC LAKE, NY 12983  
HARRIETSTOWN.ORG

## CRITERIA FOR OBTAINING AN AREA VARIANCE

One of the basic powers given by law to a zoning board of appeals is called the "variance" power. The board has the authority to "vary" or modify, the strict letter of a zoning ordinance or local law in cases where this strict interpretation could cause practical difficulties or unnecessary hardships for individual.

Appeals boards are frequently confronted with request for variances. An area variance is a request for relief from dimensional standards contained in the zoning ordinance, and it requires a demonstration of "practical difficulty."

### AREA VARIANCE

First the applicant must demonstrate that the application of the zoning ordinance to his personal property causes.

First the applicant must demonstrate that the application of the zoning ordinance to his personal property practical difficulty. The practical difficulty cannot be assessed until the applicant proves the matter of significant economic injury to his property if the permit is denied.

In the case of an area variance, the applicant is seeking modification of dimensional standards, such as yard requirements, set-back lines, lot coverage, frontage requirements or density regulations, so that the property may be utilized for one of the uses permitted by the zoning ordinance. The appeals board may grant relief in if the applicant can demonstrate that strict compliance with the regulations would cause practical difficulty .

The determination of practical difficulty is a three-step process.

- 1 . First, the applicant must demonstrate that the application of the zoning ordinance to is property causes significant economic injury.
2. Can the applicant prove that there is not a potential effect on increased services by municipal or county and state facilities and services. An example of this would be the fire department services, school services and to include school bus service.
3. Last, assuming the municipality has met its burden of proof, the applicant must demonstrate that the restrictions, as strictly applied in his case, are unrelated to the public health, safety, or welfare of the community and that granting the variance will not adversely affect the community.

In making a determination of practical difficulty, the appeals board may consider:

1. How substantial the variation is in relation to the requirement.
2. The potential effect of increased density on available municipal, county and state facilities and services ,
3. Whether the variance will cause a substantial change in the character of the neighborhood.
4. Whether the difficulty can feasibly be mitigated by some other method
5. Whether the interest of justice will be served in granting the variance; or
6. Whether the alleged difficulty is self-created.

The appeals board should grant the minimum relief necessary to allow reasonable use of the land in question. Not every applicant for the area variance is automatically entitled to receive relief. Each application should be carefully considered against the requirement for proof of practical difficulty.

**TOWN OF HARRIETSTOWN  
ZONING BOARD OF APPEALS**  
39 Main St., Saranac Lake, NY 12983  
Phone (518) 891-0202

---

DATE: \_\_\_\_\_

REQUIRED FEE: **\$160.00** PAID: \_\_\_\_\_  
**ALL APPLICABLE FEES ARE NON-REFUNDABLE**

**APPLICATION TO THE ZONING BOARD OF APPEALS**

**TOWN OF HARRIETSTOWN**

**REQUEST FOR AREA VARIANCE(S)**

(TYPE, OR PRINT IN DARK INK)

1. **PROPERTY ADDRESS:** \_\_\_\_\_

TAX    MAP    #    :

---

ZONING DISTRICT: \_\_\_\_\_

2. **PROPERTY OWNERSHIP:**

NAME OF OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Latest Deed Reference C Date, Book & Page; (submit copy):** \_\_\_\_\_

3. **APPLICANT INFORMATION:**

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**(IF THE APPLICANT IS NOT THE OWNER, WRITTEN PROOF THAT THE OWNER  
CONSENTS TO THE APPLICATION MUST BE SUBMITTED WITH THE APPLICATION.)**

4. **SUBJECT TO APPEAL (If Applicable)**

Pursuant to the provisions of the Zoning Code of the Town of Harrietstown, this application, relative to the above referenced property, constitutes an appeal from the decision of the Zoning Administrator / Building Inspector \_\_\_\_\_

(Name)

A copy of this decision dated \_\_\_\_\_ must be attached.

5. **APPEAL REOUEST**

This appeal takes the form of a request for:

(a) Area Variance (s)

Please be advised that all sections under this heading must be answered completely. Bear in mind that a variance is actually relief from the strict application of the requirements of the law (the Zoning Ordinance), and the Zoning Board of Appeals is required to give sound reasons, based on the criteria set forth in this application, for granting any such relief. It is incumbent upon the applicant to demonstrate to the Board that these criteria are satisfied Additional sheets may be attached as necessary. Please also carefully note the list of required attachments on the last page of this application.

(b) Original Jurisdiction

If an Area Variance is required as part of a Special Use Permit or Site Plan application, no appeal is required; however, the application for a variance is to be submitted with your Planning Board application and the Zoning Administrator will forward it directly to the Zoning Board of Appeals.

6. **AREA VARIANCE REOUEST**

I/We \_\_\_\_\_, hereby apply to the

Zoning Board of Appeals for a variance of the following sections and requirements of the Code of the Town of Harriestown, specifically as follows:

SECTION	CONCERNING	CHANGE FROM	CHANGE TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Reason for request:

---



---



---



---

Will the granting of the variance produce an undesirable change in the character of the neighborhood or be a detriment to nearby properties? If not, please explain why.

---

---

---

---

Explain if the granting of the variance is necessary, or whether the same result could be achieved by some other method not requiring a variance.

---

---

---

---

Explain if the requested area variance(s) is substantial, and if not explain why it is not.

---

---

---

---

Explain if the variance(s) will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district. If not, please justify why it won't have an adverse effect.

---

Explain if your need for an area variance(s) the result of self-created difficulties on your part is. If not, please explain how the difficulties are not self-created.

---

---

---

---

**7. LIST OF ATTACHMENTS**

- Site or Plot Plan: Six (6) copies
- Letter or communication, which resulted in application to the ZBA (if applicable.)
- List of abutting property owners, by name, address, and Tax Map Number.
- Letter of owner consenting to application (if applicable).
- Type 1 Action Only — Original and five (5) copies of the SEQRA FULL ENVIRONMENTAL ASSESSMENT FORM, with Part 1 completed.
- Unlisted Actions Only — Original and five (5) copies of the SEQRA SHORT ENVIRONMENTAL ASSESSMENT FORM, with Part 1 completed.
- Other attachments deemed pertinent by the applicant (please list):
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_

**8. SIGNATURE AND VERIFICATION**

**Please be advised that no application can be deemed complete unless signed below.**

**I hereby certify that the information enclosed herewith and on the application is accurate and factual:**

**Signature** \_\_\_\_\_ **of** \_\_\_\_\_ **Owner:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**I the record owner do hereby authorize \_\_\_\_\_  
to represent me before the Zoning Board of Appeals during the area variance process:**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

---

**SUBSCRIBED AND SWORN TO BEFORE ME**

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_, \_\_\_\_\_ COUNTY

NOTARY PUBLIC: \_\_\_\_\_

# AREA VARIANCE APPLICATION CHECKLIST

- APPLICATION COMPLETED AND SIGNED BY PROPERTY OWNER  
(6 COPIES)
- MAPS AND DESCRIPTION INCLUDED (6 COPIES)
- DIAGRAMS - INCLUDE LAYOUT, SIDE AND FRONT ELEVATIONS (6 COPIES)
- OTHER ATTACHNIENTS

---

---

---

- SEQRA FORM COMPLETED (6 COPIES)
- LETTER OR COMMUNICATION, WHICH RESULTED IN APPLICATION TO THE ZONING BOARD OF APPEALS (IF APPLICABLE, 6 COPIES)
- LIST OF CONTIGUOUS PROPERTY OWNERS CONTAINING NAMES, TAX ID NUMBERS, PHYSICAL AND MAILING ADDRESSES
- FEE PAID - \$160.00 PER SINGLE PROJECT
- ORIGINAL RECIEPT WITH APPLICANT, DUPLICATE WITH PAYMENT
- NOTICE OF PUBLIC HEARING PUBLISHED IN ADIRONDACK DAILY  
ENTERPRISE 10 DAYS PRIOR TO THE HEARING DATE
- NOTICE APPLICANT AND ADJOINING PROPERTY OWNERS VIA CERTIFIED MAIL WITH RETURN RECIEPT
- NOTICE AND APPLICATION DOCUVENTS TO ZONING BOARD OF APPEALS MEMBERS
- HEARING DATE SET; PUT ON AGENDA FOR THAT MEETING
- NOTICE OF DECISION
- PERMIT ISSUED (IF APPROVED)

## *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.

<b>Part 1 - Project and Sponsor Information</b>			
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. _____ acres or controlled by the applicant or project sponsor?			
4. Check all land uses that occur on, are adjoining or 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? b. Consistent with the adopted comprehensive plan?	NO	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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? b. Are public transportation services available at or near the site of the proposed action? c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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? 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?	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"/>	

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?	<b>NO</b>	<b>YES</b>
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	<b>NO</b>	<b>YES</b>
	<input type="checkbox"/>	<input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? <b>If Yes,</b> 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: _____	<b>NO</b>	<b>YES</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<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: _____	<b>NO</b>	<b>YES</b>
	<input type="checkbox"/>	<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: _____	<b>NO</b>	<b>YES</b>
	<input type="checkbox"/>	<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? <b>If Yes, describe:</b> _____	<b>NO</b>	<b>YES</b>
	<input type="checkbox"/>	<input type="checkbox"/>
<b>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>  Applicant/sponsor/name: _____ Date: _____  Signature: _____ Title _____		