



Code Enforcement Office
735 Utica Street, P.O. Box 394, DeRuyter NY 13052
• Cell: 315-400-2823 • Office: 315-367-1353
• Thursday 9:00 AM - Noon

TOWN OF DERUYTER – ZONING BOARD OF APPEALS

Dear Applicant:

Your request for a building permit has been denied.

Attached is an Application to the DeRuyter Town Zoning Board of Appeals. Please keep the following dates in mind when you submit an application.

Application forms and all supporting documentation must be filed with the Clerk thirty-two (32) days prior to the fourth Thursday of the month.

All properties within 500 feet of a State or County Highway, Town line, State or County facility or agricultural district must be sent to the Madison County Planning Department for review (the Planning Board Clerk will do this for you). This review could take up to thirty (30) days.

Application fee is **\$150.00**, payable to Town of DeRuyter at time application is made.

Zoning Board of Appeals:

Chris Coon, Chairman
Tim Coon
Jeff Randall
Michael Salter
Russell Smith

APPLICATION TO ZONING BOARD OF APPEALS

<u>Application Purpose</u> ____ Interpretation ____ Variance
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OFFICIAL USE ONLY Appeal No. _____ Date Fee Paid to Clerk _____ Date Rec'd by ZBA _____ Date of Hearing _____ Date of Action _____ Action Taken _____
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Date Appeal Submitted ____ / ____ / ____

To Zoning Board of Appeals:

I/We _____,
(name of applicant)

(mailing address)

(phone number)

hereby appeal to the Zoning Board of Appeals because a building permit relevant to this application has been denied.

_____, _____,
(use or building) (street location or address)

We ask that you grant us a(n) (interpretation/variance).

(signature)

Approved By: _____ (Town Official)
County Approval ? Yes No
County Route No. _____

State below the variance requested. Describe the desired use (for a use variance) or desired construction or site modification (for an area variance) in relation to the relevant provision(s) of the Zoning Law from which relief is requested. ***For an area variance site must be staked for inspection by the Zoning Board of Appeals members.***

For a **use** variance) Demonstrate how failure to grant the requested variance would constitute denial of any reasonable use of the land. (Use additional sheets if necessary.)
(For an **area** variance) Describe the practical difficulty or economic injury the property user would face if the variance were not granted.

**IF YOUR APPEAL IS FOR AN INTERPRETATION,
COMPLETE THE FOLLOWING:**

1. Specific section(s) of Land Use Law / Land Use District of Tax Map (S-B-L) parcel #s) _____

2. Specific language of section(s) _____

3. Interpretation of Zoning Law's intent with regard to:

**IF YOUR APPEAL IS FOR A VARIANCE,
COMPLETE THE FOLLOWING:**

Name of owner of record (if different from applicant) _____

Mailing address _____

Relationship of applicant (if different from owner of record) to property _____

Property tax map (S-B-L) no. _____

Road location or address of property _____

REQUIRED ATTACHMENTS:

Site Plan, with accurate dimensions (**Must be completed to scale or application will be rejected**). May be done, to a specified scale, on the grid sheet provided – see attached example. Such a plan shall ordinarily* show:

Scale at which it is drawn and it's north orientation;

Location and dimensions (to include setbacks from property lines) of existing and proposed buildings or additions;

*Location, layout and dimensions of parking area and driveway(s);

*Location of available utilities hookups or access;

*Location of well and on-site sewage disposal system (if used);

*Location of any proposed outdoor storage;

*Location & description of any fencing or vegetative screening;

*Location and description of any outdoor lighting;

Direction(s) of slope of land;

Location of all footer drains, roof drains, streams and ditches;

*Location and description of any business signs.

Asterisked () items need not be included in the case of area variance requests for additions to existing construction which will not: a) enlarge floor area or lot coverage by more than 50 percent, or b) require additional parking, or c) encroach on on-site sewage disposal system.

Completed Part 1 of the Environmental Assessment Form required under the State Environmental Quality Review Act (SEQR).

SITE PLAN SKETCH

Must be completed to scale or application will be rejected.

With the attached grid sheet, complete site plan to scale and show important dimensions. Show lot size, direction of slope of land, location of all buildings, driveways, footer and roof drains, streams and ditches, underground utilities, location of water and sewage systems on adjacent lots and your preference for well and sewage system on this lot.

Scale (check one): _____ 1 square = 5 ft.

_____ 1 square = 10 ft.

Town of DeRuyter Zoning Board of Appeals
 Application for AREA Variance

Date: _____ Applicant: _____

Subject property is in: _____ Watershed District _____ Agricultural District

Adjacent Road(s) are:
 _____ Private lakeside road _____ Town road _____ County road _____ State highway

LOT SIZE _____ ft. X _____ ft. = _____ sq. ft.

Existing Building(s) _____ ft. X _____ ft. = _____ sq. ft.
 Proposed Building(s) _____ ft. X _____ ft. = _____ sq. ft.

_____ % of lot to be occupied by footprint of all building(s)
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Single-Family Minimum Setback Law (Sect. 203 & Land Use Tables)

<u>Watershed</u> description	Setback Law (feet)	Existing Area	Proposed Setback	Variance Requested	NOTES
Lake Lot (2 "fronts")					
setback from water	50				
Road: private road	30				
town road	75 (50+25)				
county road	75 (50+25)				
state highway	90 (50+40)				
Side 1 (N)(E)(W)(S)	20				
Side 2 (N)(E)(W)(S)	20				
Lot Not On Water					
Front: private road	30				
town/county road	75 (50+25)				
state highway	90 (50+40)				
Rear (from lot line)	20				
Side 1 (N)(E)(W)(S)	20				
Side 2 (N)(E)(W)(S)	20				

<u>AGRICULTURAL</u> description	Setback Law (feet)	Existing Area	Proposed setback	Variance request
Front (from center) road				
private road	30			
town/county road	75 (50+25)			
state highway	90 (50+40)			
rear from lot line	20			
side (with public water):				
Side 1 (N)(E)(W)(S)	20			
Side 2 (N)(E)(W)(S)	20			
side (without public water):				
Side 1 (N)(E)(W)(S)	25			
Side 2 (N)(E)(W)(S)	25			

Measurements taken by: _____
(signature)

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:				
<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?	NO	YES	
If Yes, identify: _____	<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?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____ _____	<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?			
	<input type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____			

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	YES
	<input type="checkbox"/>	<input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO	YES
	<input type="checkbox"/>	<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	YES
	<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: _____	NO	YES
	<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: _____	NO	YES
	<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? If Yes, describe: _____	NO	YES
	<input type="checkbox"/>	<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: _____		