



# VILLAGE OF MILLBROOK

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## Application for Area Variance ZBA Appeal

Appeal No.: \_\_\_\_\_

Hearing Date: \_\_\_\_\_

Receipt No.: \_\_\_\_\_

### 1. Type of Appeal

Appeal is made herewith for an area variance from the Zoning Ordinance.

### 2. Appellant Information

#### APPELLANT:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Phone) / \_\_\_\_\_ / \_\_\_\_\_  
(Fax) (Email)

#### PROPERTY OWNER (if different)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Phone) / \_\_\_\_\_ / \_\_\_\_\_  
(Fax) (Email)

### 3. Location of Property

\_\_\_\_\_  
(Number and Street) / \_\_\_\_\_ / \_\_\_\_\_  
(Tax Map Number) (Use District on Zoning Map)

### 4. Provision(s) of the Zoning Ordinance Appealed (Indicate the article/section/subsection/paragraph)

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Previous Appeal

A previous appeal ( ) has ( ) has not been made with respect to this proposal and was (were) made in

Appeal No. \_\_\_\_\_, dated \_\_\_\_\_

Appeal No. \_\_\_\_\_, dated \_\_\_\_\_

6. Description of the Appeal

What is it that you want to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does the Zoning Ordinance prevent you from doing what you want to do? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Criteria for Area Variance Review

State statute requires the Zoning Board of Appeals to consider the following criteria and then to balance the benefit to the applicant if the variance is granted against the detriment to the health, safety and welfare of the community or neighborhood.

A. Will an undesirable change be produced in the character of the neighborhood - or - will the granting of this variance be a detriment to nearby properties? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

B. Can the benefit you seek be achieved in some way other than an area variance? \_\_\_\_\_

If yes, what is that way? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Appeal No. \_\_\_\_\_

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C. Is the variance substantial? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Will the variance have an adverse impact on the physical or environmental conditions in the neighborhood or district? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

E. Is the alleged difficulty self-created? \_\_\_\_\_

Why? \_\_\_\_\_

\_\_\_\_\_

F. Is this the minimum variance necessary and adequate to achieve your goal? \_\_\_\_\_

8. Certification

I certify that the information submitted with the appeal is true to the best of my knowledge and belief, and that I have read and am familiar with those sections of the Village of Millbrook Zoning Ordinance that apply to this appeal. I also acknowledge that the Board of Zoning Appeals may visit the property and specifically permit such visits.

\_\_\_\_\_  
(Signature of Land Owner)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

SEQR Classification: ( ) Unlisted ( ) Type 2

Environmental Assessment Forms Used: ( ) Short EAF ( ) Long EAF  
( ) Lead Agency ( ) Determination of Significance

SEQR Determination of Significance: ( ) Negative Declaration ( ) Positive Declaration

Building Permit Application No. (if any) \_\_\_\_\_

Date Received \_\_\_\_\_

Date of First Hearing \_\_\_\_\_

GML 239 Review Required? ( ) Yes ( ) No

GML 239 Review Determination \_\_\_\_\_

Town/Village Planning Board Review Required? ( ) Yes ( ) No

Town/Village Planning Board Recommendation: \_\_\_\_\_