

**ZONING BOARD OF APPEALS**

City of Beacon, New York

**APPLICATION FOR APPEAL**

OWNER: \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

APPLICANT (if not owner): \_\_\_\_\_

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

TELEPHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_

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

TAX MAP DESIGNATION: SECTION \_\_\_\_\_

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

Section of Zoning Code appealed from or Interpretation desired:

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Reason supporting request:

Explain why for each and every permitted use under the zoning regulations for the particular district where the property is located the applicant cannot realize a reasonable return.

Explain why the hardship relating to the property in question is unique and does not apply to a substantial portion of the district or neighborhood.

Explain why the requested use variance will or will not alter the essential character of the neighborhood.

Explain whether the hardship has or has not been self-created.

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Supporting documents submitted herewith: Site Plan, Survey, etc. as required:

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

\_\_\_\_\_  
Owner's Signature

**Fee Schedule**

AREA VARIANCE	\$ 250
USE VARIANCE	\$ 500
INTERPRETATION:	\$ 250
ESCROW FEE:	\$1000
I & I INSPECTION:	\$50

\_\_\_\_\_  
Applicant's Signature

**APPLICATION PROCESSING RESTRICTION LAW**

**Affidavit of Property Owner**

Property Owner: \_\_\_\_\_

If owned by a corporation, partnership or organization, please list names of persons holding over 5% interest.

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

List all properties in the City of Beacon that you hold a 5% interest in:

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

Applicant Address: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Tax Grid # \_\_\_\_\_

Type of Application \_\_\_\_\_

Please note that the property owner is the applicant. "Applicant" is defined as any individual who owns at least five percent (5%) interest in a corporation or partnership or other business.

I, \_\_\_\_\_, the undersigned owner of the above referenced property, hereby affirm that I have reviewed my records and verify that the following information is true.

1. No violations are pending for ANY parcel owned by me situated within the City of Beacon \_\_\_\_\_
2. Violations are pending on a parcel or parcels owned by me situated within the City of Beacon \_\_\_\_\_
3. ALL tax payments due to the City of Beacon are current \_\_\_\_\_
4. Tax delinquencies exist on a parcel or parcels owned by me within the City of Beacon \_\_\_\_\_
5. Special Assessments are outstanding on a parcel or parcels owned by me in the City of Beacon \_\_\_\_\_
6. ALL Special Assessments due to the City of Beacon on any parcel owned by me are current \_\_\_\_\_

\_\_\_\_\_

Signature of Owner

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Title if owner is corporation

Office Use Only:	NO	YES	Initial
Applicant has violations pending for ANY parcel owned within the City of Beacon (Building Dept.)	___	___	___
ALL taxes are current for properties in the City of Beacon are current (Tax Dept.)	___	___	___
ALL Special Assessments, i.e. water, sewer, fines, etc. are current (Water Billing)	___	___	___