

**CITY OF CORTLAND
APPLICATION FOR AN AREA VARIANCE**

Appeal Concerns Property at the following address:

County Tax Map Number: _____

Zoning District Classification: _____

Property Owner: _____

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

The applicant's appeal from a decision of the Zoning Enforcement Officer, concerns the following:

For the Proposed Activity: _____

State what type and size of an area variance you are requesting, (ie, yard waiver, lot coverage: indicate on survey map) _____

Describe the character of the neighborhood: _____

Applicant: _____ Telephone: _____

Mailing Address: _____

The following test will be considered by the Zoning Board of Appeals to determine whether the variance in weighing the granting or denial of the area variance request:

1. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance. _____

OFFICE USE ONLY

Date filed with Clerk: _____

Date sent for County referral _____

Date of Public Hearing _____

ZBA Decision: _____ Date _____

Fee: \$50 residential _____

\$75 other _____

2. Whether the benefit sought by the applicant can be achieved by some method feasible for the applicant to pursue, other than an area variance_____
3. Whether the requested area variance is substantial_____
4. Whether the proposed variance will have an adverse effect or impact on the physical environmental conditions in the neighborhood or district_____
5. Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board, but shall not necessarily preclude the granting of the area variance._____

Signature:_____ **Date:**_____

Application must include fee an original plus 10 copies of application, ten copies each of survey map and any supporting documentation.