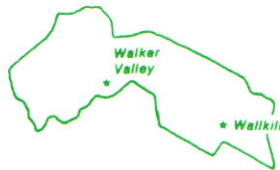


Established March 7, 1788



ZONING BOARD OF APPEALS
TOWN OF SHAWANGUNK
COUNTY OF ULSTER (P.O. BOX 247)
Wallkill, New York 12589

TELEPHONE (845) 895-3356

FAX (845) 895-2162

Dear

Before presenting this application to the Zoning Board of Appeals, the following information must be submitted to the Code Enforcement Officer.

1. A complete written description of the proposal. Must include exact measurement(s) of the variance(s) requested.
2. The Section of Code that the variance is going to be used for.
3. Six copies of plot plan drawn to scale showing the location and size of the proposed existing structures and the site distances from the property lines, front, sides and rear. The location of the septic system and reserve area and the well (proposed or existing).
 - A CERTIFIED SURVEY MAY BE REQUIRED - FAILURE TO SUBMIT A SUITABLE PLOT PLAN WILL DELAY YOU GETTING ON THE AGENDA FOR A PUBLIC HEARING.
4. A completed Environmental Assessment Form and/or County Review. This form must be filled out by going to the following link and following the steps: www.dec.ny.gov/eafmapper.
5. A copy of the Deed and a copy of the Tax Map.
6. An application fee of **THREE HUNDRED AND FIFTY DOLLARS (\$350.00)** (plus escrow for consultant or legal fees if needed) along with the **COMPLETED APPLICATION FORM** (attached)
7. Four current photographs of the building/buildings involved taken from the front, rear and side.
8. Such other information as required by the Zoning Board for their review.
9. Application must be submitted by the 2nd Wednesday of the month for the following month's meeting.
10. Variances will not be issued until all fees are satisfied.
11. **By signing this application, you are giving the Zoning Board permission for site visits. Please initial here for permission for site visits and return this page:** _____

The Zoning Board Secretary, **Kathy Ebbrell**, may be reached Monday through Friday 9:00 AM-12:00 PM.

Respectfully yours,

Archie Reid
ZBA Chairman

Revised 10/11/18

**TOWN OF SHAWANGUNK
BUILDING FIELD REPORT**

NAME: _____ **PHONE:** _____

ADDRESS: _____

SECTION, BLOCK & LOT NUMBER: _____

LOCATION AND DIRECTIONS: _____

*******FOLLOWING TO BE COMPLETED BY BUILDING INSPECTOR*******

PERMIT REQUESTED FOR: _____

ZONING DISTRICT: _____ LOT SIZE: _____

LOT SIZE MEETS ZONING REQUIREMENT: YES _____ NO _____

FRONT, SIDE, REAR SETBACKS MEET REQUIREMENT: YES _____ NO _____

DRIVEWAY PERMIT REQUIRED: YES _____ NO _____

STATE HIGHWAY: _____ COUNTY: _____ TOWN: _____

FLOOD ZONE: YES: _____ NO: _____ MAP #: _____

WETLAND DESIGNATION: _____ MAP #: _____

CRITICAL ENVIRONMENTAL AREA: YES _____ NO _____ RIDGE _____ AQUIFER _____

RECREATIONAL RIVER CORRIDOR: YES _____ NO _____

PERMIT ISSUED: YES _____ NO _____ DATE: _____

REASON FOR DENIAL: _____

INSPECTOR'S COMMENTS: _____

DATE: _____

**GEORGE SAWYER
CODE ENFORCEMENT/ZONING OFFICER**

APPLICATION FOR APPEARANCE OR PUBLIC HEARING

DATE: _____

SECTION: _____ BLOCK: _____ LOT: _____

PROPERTY LOCATION: _____ LOT SIZE: _____

FRONTAGE: _____ ZONING DISTRICT: _____

FLOOD PLAIN: _____ NYDEC WETLANDS: _____

CRITICAL ENVIRONMENTAL AREA: _____

.....

FULL NAME OF APPLICANT: _____ PHONE: _____

MAILING ADDRESS: _____

NAME OF OWNER: _____ PHONE: _____

ACTION REQUESTED: _____

SUBDIVISION NAME AND DATE OF MAP FILING: _____

CONDITIONS AND RESTRICTIONS INDICATED ON MAP: _____

LIST DEED RESTRICTIONS: _____

DETERMINATION OR REVIEW OF ANY BOARD OR AGENCY REGARDING THIS
PROPERTY OR GENERAL AREA:

PRIOR ZBA ACTION: _____

THIS APPLICATION MUST BE COMPLETELY FILLED OUT BY APPLICANT

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE