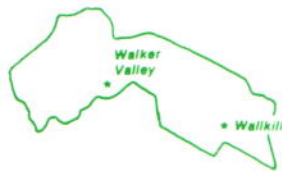


Established March 7, 1788



ZONING BOARD OF APPEALS
TOWN OF SHAWANGUNK
COUNTY OF ULSTER (P.O. BOX 247)
Walkkill, 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. If County review is **required** – the application will require **lead time of two months**.
2. A **complete written description** of the **proposal**. **Must include exact measurement(s) of the variance(s) requested**.
3. The **Section of Code** that the variance is going to be used for.
4. Seven 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.**
5. 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.
6. A **copy** of the **Deed** and a **copy** of the **Tax Map**.
7. 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)
8. Four **current photographs** of the **building/buildings involved** taken from the **front, rear and side**.
9. Such other information as required by the Zoning Board for their review.
10. Application must be submitted by the **2nd Wednesday** of the month for the **following month's meeting**.
11. Variances will not be issued until all fees are satisfied.
12. **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,

Dennis Arluck
ZBA Chairman

Revised 8/16/22

**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: _____

ROBERT WALLNER
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: _____

EMAIL ADDRESS: _____

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