

APPLICATION FEE \$25.00 – PLEASE MAKE CHECK PAYABLE TO VILLAGE OF OWEGO

Village of Owego  
Department of Public Works  
20 Elm Street  
Owego, NY 13827

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

**VILLAGE OF OWEGO AREA VARIANCE APPLICATION**

To the Zoning Board of Appeals of the Village of Owego, New York:

I (we) \_\_\_\_\_ of \_\_\_\_\_  
Property Owner's Name (must be applicant) Number & Street

\_\_\_\_\_  
City, Town or Village State Zip Code Telephone Number

Location of the property \_\_\_\_\_ Do you own the property? \_\_\_\_\_

Zoning District \_\_\_\_\_ Tax Map Number \_\_\_\_\_

Hereby apply to the Zoning Board of Appeals for an Area Variance, pursuant to Chapter \_\_\_\_\_, Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection A, Subsection \_\_\_\_\_ Paragraph \_\_\_\_\_. (& Chapter \_\_\_\_\_, Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection \_\_\_\_\_, Paragraph \_\_\_\_\_).

A variance of \_\_\_\_\_ is requested.

In determining whether to grant an Area Variance, the Zoning Board of Appeals must consider the benefit to the applicant if the variance is granted, as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant.

Therefore, please provide the following information for the Zoning Board of Appeals consideration on back of form. Attach additional sheets if needed.

1. *Why is the area variance wanted or needed?*
2. *How did the problem arise that now makes an area variance necessary or desired?*
3. *Will an undesirable change be produced in the character of the neighborhood or a detriment to nearby properties be created by the granting of the area variance?*
4. *Will the proposed variance have an adverse effort or impact on the physical or environmental conditions in the neighborhood or district?*
5. *Is the requested area variance substantial?*
6. *Is there some other method feasible for you to pursue other than an area variance?*
7. *Is the alleged difficulty self-created? (Which consideration shall be relevant to the decision of the board of appeals, but shall not necessarily preclude the granting of the area variance.)*

STATE OF NEW YORK:

: SS

COUNTY OF TIOGA :

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
APPLICANT'S SIGNATURE