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

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

APPEAL NO. _____
DATE _____

USE VARIANCE APPLICATION

To the Zoning Board of Appeals, 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 appeal to the Zoning Board of Appeals for a Use Variance, pursuant to Chapter ___,

Article _____, Section _____, Subsection _____, Paragraph _____.

(& Chapter ___, Article _____, Section _____, Subsection _____, Paragraph _____).

A variance to _____ is requested.

In determining whether to grant a Use Variance, the Zoning Board of Appeals must consider that applicable zoning regulations and restrictions have caused unnecessary hardship. For each and every permitted use under the zoning regulations for the particular district where the property is located, the applicant must demonstrate the following.

1. The applicant cannot realize a reasonable return, provided that lack of return is substantial as demonstrated by competent financial evidence.
2. The alleged hardship relating to the property in question is unique and does not apply to a substantial portion of the district or neighborhood.
3. The requested use variance, if granted, will not alter the essential character of the neighborhood.
4. The alleged hardship has not been self-created.

STATE OF NEW YORK:
: SS
COUNTY OF TIOGA :

Sworn to this _____ day of _____, 20____.

_____ _____
NOTARY PUBLIC APPLICANT'S SIGNATURE