

Application Fee \$25 – Please make checks payable to the Village of Owego

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

**VILLAGE OF OWEGO ZONING 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 \_\_\_\_\_

Email address \_\_\_\_\_

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

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

Requesting (Please Check) Special Use Permit \_\_\_\_\_  
Area Variance \_\_\_\_\_  
Use Variance \_\_\_\_\_  
Rezoning \_\_\_\_\_

Hereby apply to the Zoning Board of Appeals, pursuant to Chapter 195, Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection \_\_\_\_\_, Subsection \_\_\_\_\_, Paragraph \_\_\_\_\_. (& Chapter 195, Article \_\_\_\_\_, Section \_\_\_\_\_, Subsection \_\_\_\_\_, Paragraph \_\_\_\_\_).

Reviews:

Village Zoning Board of Appeals \_\_\_\_\_ Meeting Date \_\_\_\_\_  
Village Planning Board \_\_\_\_\_ Meeting Date \_\_\_\_\_  
Tioga County Planning Board \_\_\_\_\_ Meeting Date \_\_\_\_\_  
OHPC \_\_\_\_\_ Meeting Date \_\_\_\_\_  
Sewer Department \_\_\_\_\_ Meeting Date \_\_\_\_\_

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

\_\_\_\_\_  
DATE

**Area Variance [ ]**

An area 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.)*

**Use Variance [ ]**

A use variance of \_\_\_\_\_ 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. Attach additional sheets if needed.

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.*

Special Use Permit [ ]

Hereby appeal to the Zoning Board of Appeals for a Special Use Permit to:

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Previous Appeal(s) No. \_\_\_\_\_  
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REZONING [ ]

I would like to have my property rezoned from \_\_\_\_\_ to \_\_\_\_\_ for the following reasons:

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## VILLAGE OF OWEGO FULL STATEMENT FORM CHECKLIST

APPLICATION FORM OBTAINED

Date: \_\_\_\_\_

APPLICATION RETURNED

Date: \_\_\_\_\_

APPLICATION TRANSMITTED TO  
PLANNING/ZONING BOARD

Date: \_\_\_\_\_

RECOMMENDATION OF  
PLANNING/ZONING BOARD RECEIVED

Date: \_\_\_\_\_

COMPLETED APPLICATION MUST BE  
RETURNED TO DPW BY

Date: \_\_\_\_\_

**APPLICABLE**

**PROVIDED**

**ITEM**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | All application materials required by local board(s)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Site location map   |
| <input type="checkbox"/> | <input type="checkbox"/> | Project Narrative   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11" x 17" Site Plan   |
| <input type="checkbox"/> | <input type="checkbox"/> | A completed Part 1 of the short or full SEQR EAR  |
| <input type="checkbox"/> | <input type="checkbox"/> | Confirmation of Storm water Pollution Prevention Plan (SWPPP) if disturbing greater than 1 acre |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of employees   |
| <input type="checkbox"/> | <input type="checkbox"/> | Hours of operation  |
| <input type="checkbox"/> | <input type="checkbox"/> | Number of vehicle trips generated (per hour, day or week)                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Text of new zoning or zoning amendment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Text of new local law or ordinance amendment  |
| <input type="checkbox"/> | <input type="checkbox"/> | Date, time, place of local board meeting  |
| <input type="checkbox"/> | <input type="checkbox"/> | Completed Agricultural Data Statement Form  |
| <input type="checkbox"/> | <input type="checkbox"/> | Business Plan   |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking Plan  |