

ZONING BOARD OF APPEALS

Village of Skaneateles

26 Fennell Street

Skaneateles, NY 13152

315-685-2118

Fax 315-685-0730

[] NOTICE OF APPEAL [] APPLICATION FOR SPECIAL USE PERMIT

Date of Application _____

To the Zoning Board of Appeals of the Village of Skaneateles, Onondaga County, New York

I/We _____ Printed or Typed Name of Appellant(s) and/or Applicant(s)

Address _____

(1) I hereby appeal the decision of the Village Code Enforcement Officer (Building Inspector)

_____ which was denial of a Zoning Permit

_____ which was denial of a Certificate of Occupancy

_____ to vary the strict application of the provisions of:

Article _____ Section 225 Subsection _____

Article _____ Section 225 Subsection _____

Article _____ Section 225 Subsection _____

(2) I hereby apply for: (check all applicable)

_____ A SPECIAL USE PERMIT required by the provisions of Article III, Section 225-10 B (1) & Section 225-11 B (2)

_____ A FLOODWAY PERMIT required by the provisions of Article III, Section 225-10 B (3) & Article VI, Section 225-18 B

..... This appeal or application relates to:

_____ Street Number _____ Street Name

Tax Map Number _____

Property Address _____

Zoning District: _____ **Tax Map #** _____

- Using the Density Control Schedule, fill in the minimum area requirements, in 'Required' column.
- Indicate the existing set-back dimensions and percentages in the 'Existing' column.
- In the column labeled 'Proposed', indicate the dimensions, area (in square feet) and percentages that will result from your proposed construction.
- In the column labeled pre-existing non-conforming, indicate the pre-existing variance from code.
- In the column labeled 'Variance', indicate the variance requested.

	REQUIRED	Existing	PROPOSED	Pre-Exist Non-Conforming	VARIANCE
Residential Minimum Lot Area					
Residential Minimum Lot Width					
Minimum Open Space %					
Minimum Front Yard Setback					
Minimum Left Side Yard Setback					
Minimum Right Side Yard Setback					
Minimum Both Side Yards Setback					
Minimum Rear Yard Setback					
Max Width Structure (% lot width)					
Max Stories of Building					
Max Building Height					
Minimum Livable Floor Area					

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List below any OTHER variances, Special Permits requested
(Section of the Zoning Law) (Description)

Please state below all reasons to support your appeal or application *using the Criteria* on page 2 of 4. Attach other sheets as needed to support your appeal/application.

ACKNOWLEDGEMENTS:

- I AM THE OWNER APPLICANT AGENT OF OWNER AND AM AUTHORIZED TO MAKE THIS APPLICATION.
- The applicant and/or agent declares that the information contained in this application, and the plans, specifications and other supporting materials submitted in support of this application is true.

NAME of APPLICANT _____ PHONE # _____
ADDRESS _____
EMAIL _____
SIGNED _____ DATE _____
