TOWN OF HAMLIN Use Variance Application

Application Number:								
To the Zoning Board of Appeals:								
I (we)(Name of Applicant)		of	(Street Address)					
(Name of Applicant)			(Street Address)					
(Town)	(State)	(Zip Code)	(Telephone)					
Do hereby:								
Make application for a Use Value following reason(s):								
OR,								
2. Appeal to the Zoning Board of application for building permit Building Inspector did:								
Grant	Grant w	Grant with Restriction Deny						
A Building Permit								
A Certificate of Occupancy								
A Certificate of Compliance								
Provision(s)	of the Zon	ing Code Being	Appealed					
Article(s)-Section(s)-Paragraph(s)):							
	<u> </u>	<u>Sees</u>						
There is no application fee. There prior to your scheduled public hea	-	ic hearing fee w	hich is due two (2) weeks					

Property Identification

Location of Property:
Tax Account No.:
Zoning of the Property:
Use of the Property:
Statement of Ownership and Interest
1. The applicant(s)
(is/are) the owner(s) of property for which the variance(s) (is/are) sought,
OR,
2. The applicant's appeal concerns property owned by
Said owner has consented to the variance request in writing. Said consent is attached hereto
<u>Use Variance</u>
A use variance shall mean the authorization by the Zoning Board of Appeals for the use of the land for a purpose, which is otherwise not allowed or is prohibited by the applicable zoning regulation. (Initials) The Zoning Board of Appeals, in granting of use variances, shall grant the minimum variance that it shall deem necessary and adequate to address the unnecessary hardship proven by the applicant, and at the same time, preserve and protect the character of the neighborhood and health, safety and welfare of the community.
(Initials)

<u>Imposition of Conditions</u>

The Zoning Board of Appeals shall, in the granting of use variances, have the authority to impose such reasonable conditions and restrictions as are directly related to and incidental to the proposed use of the property. Such conditions shall be consistent with the spirit and intent of the Zoning Code of the Town of Hamlin, and shall be imposed for the purpose of minimizing any adverse impact such variance may have on the neighborhood or community. If conditions are imposed, the applicant shall be required to read and understand the final resolution and shall have a statement to the fact notarized and returned to the Clerk to the Board within ten (10) days of receipt of the resolution.

(Initials)

8/12 2

PLEASE ADDRESS ITEMS 1 THROUGH 4 BELOW AND SUBMIT WITH YOUR APPLICATION TO THE SUPPORT BOARD CLERK. (Use additional pages if necessary)

No use variance shall be granted by the Zoning Board of Appeals without a showing by the applicant that applicable zoning regulations and restrictions have caused unnecessary hardship. In order to prove such unnecessary hardship that applicant shall demonstrate to the Zoning Board of Appeals that for each and every permitted use under the zoning regulations for the particular district where the property is located:

1. Under the applicable zoning regulation, the applicant cannot realize a reasonable return and the lack of the return is substantial as demonstrated by competent financial evidence.						
2. The hardship is unique and does not apply to	a substantial portion of the district or neighborhood:					
3. The use variance will not alter the essential ch	paracter of the neighborhood					
3. The use variance will not after the essential cr	laracter of the neighborhood.					
4. The alleged hardship is not self-created:						
(DATE)	(SIGNATURE OF APPLICANT(S)					

8/12

	FOI	R OFFIC	E USE ONL	Y		
Presentation to ZBA Scho	eduled	for:			_	
On-site Inspection:						
	No	Yes	Date		By	
Public Hearing Date:			Fee Pai	d:		
			Rec'd E	By:		
			Date:			
		<u>VARI</u>	<u>ANCE</u>			
Granted Date:						
Conditions Imposed:						
Denied Date:			-			
Reason(s):						
		<u>NOTIFI</u>	<u>CATION</u>			
Applicant(s) Notified:		(Date)				
		(Date)				
Copy to: Planning Board Building Dept. File Other						

8/12 4