

**CITY OF CORTLAND
APPLICATION FOR AN AREA VARIANCE**

Appeal Concerns Property at the following address:

County Tax Map Number: _____

Zoning District Classification: _____

Property Owner: _____

OFFICE USE ONLY
Date filed with Clerk: _____
Date sent for County referral _____
Date of Public Hearing _____
ZBA Decision: _____ Date _____
Fee: \$50 residential _____
\$75 other _____

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

The applicant's appeal from a decision of the Zoning Enforcement Officer concerns the following:

For the Proposed Activity:

State what type and size of an area variance you are requesting (i.e., yard waiver, lot coverage: indicate on survey map):

Describe the character of the neighborhood:

Applicant: _____ Telephone: _____

Mailing Address: _____

The following test will be considered by the Zoning Board of Appeals to determine whether the variance in weighing the granting or denial of the area variance request.

Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the area variance:

Whether the benefit sought by the applicant can be achieved by some method feasible for the applicant to pursue, other than an area variance:

Whether the requested area variance is substantial:

Whether the proposed variance will have an adverse effect or impact on the physical environmental conditions in the neighborhood or district:

Whether the alleged difficulty was self-created, which consideration shall be relevant to the decision of the board, but shall not necessarily preclude the granting of the area variance:

Signature: _____ **Date:** _____

Application must include fee an original plus 10 copies of application, ten copies each of survey map and any supporting documentation.