

4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: Planning@townofthompson.com

Area Variance Application

Tax #: S/B/L:	Location: Zone:					
(Street Name and Number)						
, , , , , , , , , , , , , , , , , , ,						
CONTACT INFORMATION:						
PROPERTY OWNED BY:	A	APPLICANT:				
Individual:		ndividual:				
Company:	npany: Company:					
Address 1:	s 1: Address 1:					
Address 2:	dress 2: Address 2:					
Phone:	e: Phone:					
E-mail:	mail: E-mail:					
Name of person who will appear before the Board: Affiliation:						
Denial of an application for building permit? Yes: No: Date of denial:						
Is the property located within a HOA? Yes: No: If yes, the HOA approval letter must be submitted.						
Additionally, if the Owner is not submitting this application and/or attending the meeting an Owner's Proxy must be submitted for their representative.						
State the reason you are applying for the area variance:						
Describe the character of the neighborhood:						
Attach a Current Survey drawn to scale and indicating the following:						
 Location of <u>all</u> existing structures and other site improvements (i.e. well, septic system/sewer lines, streets, easements etc.). Location(s) of proposed improvements. \$250.00 application fee due at submission. 						
CERTIFICATION/ACKNOWLEDGEMENT						
THE UNDERSIGNED HEREBY REQUESTS APPROV	AL BY THE ZONING BOARD ON THE	ABOVE-IDENTIFIED APPLICATION.				
Signature:		Title:				
		Date:				

<u>Application must be submitted via pdf</u> and all fees must be paid prior to placement on an agenda. <u>Incomplete applications will not be placed on the agenda</u> for the next scheduled meeting. Thank you.

This institution is an equal opportunity provider and employer.



4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: Planning@townofthompson.com

Owner Name:	S/B/I	
Owner Name.	3/ D/ L.	

OWNER'S PROXY STATEMENT

(Owner)	hereby deposes and says that he/she resides at					
	in the county of	and State of				
	_ and that he/she is the owner of the premises described in the foregoing	application and				
that he/she has authorized	to make the foregoing application as de	scribed therein.				

Date

Owner's Signature

Witness' Signature

INTEREST DISCLOSURE

AS REQUIRED BY ARTICLE 18, SECTION 809 OF THE NYS GENERAL MUNICIPAL LAW

Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions of any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality or of a municipality of which such municipality is part, in the person partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.

APPLICATION BEFORE:	Planning Bo	bard	Zoning	Boai	rd of Appeals	Town Board	County Planning Board
TYPE OF APPLICATION:	□ Variance		Site Plan		Subdivision	Special Use	Change of Zone
	□ Other:						

NAME	RESIDENCE	NATURE & EXTENT OF INTEREST

The above individuals have interest requiring disclosure in accordance with section 809 of the NYS General Municipal Law. If none, then so state.

Date

Applicant Signature

This institution is an equal opportunity provider and employer.