



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

## Use Variance Application

Tax #: S/B/L: \_\_\_\_\_ Location: \_\_\_\_\_ Zone: \_\_\_\_\_  
(Street Name and Number)

CONTACT INFORMATION:	
PROPERTY OWNED BY:	APPLICANT:
Individual:	Individual:
Company:	Company:
Address 1:	Address 1:
Address 2:	Address 2:
Phone:	Phone:
E-mail:	E-mail:
Name of person who will appear before the Board: _____	
Affiliation: <input type="checkbox"/> Owner <input type="checkbox"/> Agent/Representative <input type="checkbox"/> Contract Vendee <input type="checkbox"/> Other: _____	

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 use variance: \_\_\_\_\_

Describe the character of the neighborhood: \_\_\_\_\_

Attach a Current Survey drawn to scale and indicating the following:

- 1) Location of all existing structures and other site improvements (i.e. well, septic system/sewer lines, streets, easements etc.).
- 2) Location(s) of proposed improvements.
- 3) \$100.00 application fee due at submission.

CERTIFICATION/ACKNOWLEDGEMENT	
THE UNDERSIGNED HEREBY REQUESTS APPROVAL BY THE ZONING BOARD ON THE ABOVE-IDENTIFIED APPLICATION.	
Signature:	Title:
	Date:

**Application must be submitted via pdf** and all fees must be paid prior to placement on an agenda. **Incomplete applications will not be placed on the agenda** 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/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 described 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 Board ☐ Zoning Board 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.*