



City of Elmira
Code Enforcement Department
Phone: (607) 737-5653
<http://www.cityofelmira.net>

101 W. Second St.
Elmira, NY 14901
Fax: (607) 733-5235

Zoning Board of Appeals Application

To the Zoning Board of Appeals:

A. Statement of Ownership and Interest

I (We) _____
Name of Applicant

of _____
Street #

City, State, Zip

hereby appeal to the Zoning Board of Appeals for:

- 1. An interpretation of the Zoning Ordinance
- 2. A Certification of Continuing Nonconforming Use
- 3a. A Use Variance
- 3b. An Area Variance
- 4. A Special Permit
- 5. Change from one Nonconforming Use to another
- 6. Other:

B. Location of Property

1. The property in question is situated at the following address:

2. current zoning classification _____ (Available from Code Enforcement)
3. tax map # _____ (Available from Assessor's Office: (607) 737-5670)

4. Is the property in question located within five hundred (500) feet from the boundary of any city, village, or town, or from any county or state parkway, expressway, throughway, or other limited access highway, or from the right-of-way of any stream or drainage channel owned by the county or for which the county has established channel lines, or from any county or state lands on which a public building or institution is situated?

Yes No

C. General Data

1. Current Use _____ Proposed Use _____

2. Number of dwelling units proposed: _____

3. Number of employees proposed: _____

4. Parking spaces required: _____

A. Proposed: _____ C. Loading Zone Required: Yes No

B. Handicapped: _____ D. Curb Cut Permit Required: Yes No

5. Type of Non-Residential Use (if any)

6. Lot Size A. Length: _____ Ft.

B. Depth: _____ Ft.

C. Area: _____ Square Ft.

(A and B available from Assessor's Office)
(607) 737-5670

7. Building Information

A. Number of Stories: _____

B. Floor area per story in square feet: (Available from the Assessor's Office)
(607) 737-5670

Basement: _____ First Floor: _____ Second Floor: _____ Third Floor: _____

8. Applicant's relationship to the property:

A. Owner

B. Purchaser (must provide valid purchase offer)

C. Tenant (present)

D. Tenant (new) Lease Commitment: Yes No

E. Attorney for: A B C D F

F. Other (explain) _____

9. Name and Address of Record Owner:

10. Name and Address of Attorney:

D. Request

The complete Zoning Ordinance is available online at <http://www.cityofelmira.net/permits>

1. Provisions of the Zoning Ordinance:

Section: _____

Concerning: _____

From: _____ To: _____

2. Previous Appeal A previous appeal concerning this property

Has not been made

Has been made on: _____
Date:

Result:

E. Reasons for Request to Zoning Board (attach additional pages if needed)

1. Interpretation of the Zoning Ordinance above is requested to determine whether:

2. A Special Permit would be in harmony with the intent and purpose of the Zoning Ordinance because:

3. A Variance of the Zoning Ordinance is requested for these reasons: (attach pages if needed)

A. Strict applications of the Ordinance would produce Undue Hardship because:

B. The variance would observe the spirit of the Ordinance and would not change the character of the district because:

C. **THE APPLICANT MUST PROVIDE A SEPARATE PAGE GIVING A FULL DETAILED DESCRIPTION OF THE REQUEST.**

F. In addition to meeting the standards prescribed by the Zoning Ordinance, the applicant will provide:

in order that the public convenience and welfare will be further served.

G. If you would like to receive an electronic copy of the agenda and/or minutes that apply to your application, please provide your e-mail address, otherwise you may view and/or download this information at www.cityofelmira.net/. If you do not provide an e-mail address, please refer to #1 of the Application Instruction for meeting dates and times.

Applicant's e-mail address: _____

Zoning Appeals are approved on a provisional basis, subject to the applicant obtaining all required permits and meeting all New York State Fire Prevention and Building Codes.

STATE OF NEW YORK)
COUNTY OF CHEMUNG) ss:

Applicant's Signature

Sworn to before me this

Applicant's Address

_____ day of _____, _____
(month) (year)

Applicant's Phone Number

← **THIS FORM MUST BE NOTARIZED**

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO	YES
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO	YES
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				

<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?</p> <p>If Yes, explain purpose and size: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?</p> <p>If Yes, describe: _____</p> <p>_____</p> <p>_____</p>	<p>NO</p>	<p>YES</p>
<p>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

Project:

Date:

Short Environmental Assessment Form
Part 2 - Impact Assessment

Part 2 is to be completed by the Lead Agency.

Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept “Have my responses been reasonable considering the scale and context of the proposed action?”

	No, or small impact may occur	Moderate to large impact may occur
1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?		
2. Will the proposed action result in a change in the use or intensity of use of land?		
3. Will the proposed action impair the character or quality of the existing community?		
4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?		
5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?		
6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities?		
7. Will the proposed action impact existing:		
a. public / private water supplies?		
b. public / private wastewater treatment utilities?		
8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?		
9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?		
10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems?		
11. Will the proposed action create a hazard to environmental resources or human health?		

Project:

Date:

Short Environmental Assessment Form Part 3 Determination of Significance

For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required.

Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action will not result in any significant adverse environmental impacts.

Name of Lead Agency

Date

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (if different from Responsible Officer)

Notice of Hearing Information

1. Publication of legal notice will be placed in the Elmira Star-Gazette by the City of Elmira.
2. The applicant must mail the Notice of Hearing letter attached hereto so that it arrives to residents within 200' of the property in question five (5) days prior to the Zoning Board of Appeals meeting. A list of the property owners within 200' will be provided to the applicant by the City.

AFFIDAVIT REQUIRED

The Appellant shall file with Code Enforcement one copy of the letter of notification to property owners together with a **NOTARIZED** affidavit setting forth a certification that the letter of notification to property owners was mailed to the individuals listed in affidavit, and a further certification that they are all owners of real property within two hundred (200) feet from the boundaries of the lot or lots for which the consideration and/or action of the Zoning Board of Appeals is requested.

NOTE: The Notice of Hearing mail should be done no later than one (1) week prior to the Zoning Board of Appeals meeting (required to be received five (5) days prior). In addition to the mailing, the applicant must return the "Affidavit of Mailing" prior to the Zoning Board of Appeals meeting. The Affidavit may be returned to:

City of Elmira Code Enforcement Department
101 W Second Street
Elmira NY 14901

If you have any questions, please contact the Code Enforcement Department at (607) 737-5653.

ZONING BOARD OF APPEALS

CITY OF ELMIRA, NEW YORK

<http://www.cityofelmira.net>

A public hearing before the Zoning Board of Appeals of the City of Elmira, New York, will be held in the City Hall Court Room, City Hall, Elmira, New York, on the _____ day of _____, _____, at 6:00 o'clock in the P.M.

The purpose of this hearing will be to consider comments from the public concerning the application of _____ regarding property at _____, Elmira, New York. This applicant is requesting a _____ from the Zoning Ordinance* to allow the following changes concerning the above mentioned property:

The above applications and supporting papers are open to inspection in the Code Department, 101 W. Second Street, Elmira, New York. Persons wishing to appear at such hearing may do so in person or by attorney or other representative duly designated. Communications in writing which relate thereto may be filed with the Code Department, 101 W. Second Street, Elmira, New York, 14901.

Signed: _____

Dated: _____

*The full text of the Zoning Ordinance is available online at <http://www.cityofelmira.net/>

AFFIDAVIT OF SIGN POSTING

I, _____, certify that a sign was posted on each frontage of the subject property giving notice that an application is pending before the Zoning Board of Appeals and the nature of that application, as well as the date, time and place at which the public hearing will take place. The sign was supplied to the appellant by the City of Elmira Code Department for a fee of \$100.00. The fee shall be refunded upon return of the undamaged sign. Such sign was located at the center of the frontage of the subject property not more than 15 feet back from the property line. The sign was not less than two feet nor more than four feet above grade and was clearly visible from the street. The address of the subject property for which this Affidavit of Sign Posting is:

COUNTY OF CHEMUNG) ss:

Sworn to before me this

_____ day of _____, _____
(month) (year)

(Notary Public)

Applicant's Signature

Applicant's Address

Applicant's Phone Number

← **THIS FORM MUST BE NOTARIZED**