



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/boards. 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**

(Notary Public)
Elmira City Hall E-Document

Insert Short Environmental Assessment Form Here

Insert Short Environmental Assessment Form Here

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 owners of real property located within two hundred (200) feet from the boundaries of property in question five (5) days prior to the date of the Zoning Board of Appeals meeting. A list of the property owners within two hundred (200) feet 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 to the date of the Zoning Board of Appeals meeting). 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.

AFFIDAVIT OF MAILING

I, _____, certify that a true copy of the attached letter was mailed to the persons whose names appear below, and I further certify that they are all the owners of real property within two hundred (200) feet from the boundaries of the lot or lots known as:

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**

(Notary Public)

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 4:30 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.ciityofelmira.net/permits>