

**Town of Lansing Zoning Board of Appeals
Application for Variance**

Application Fee _____

Application Date _____

Property for which Variance is being requested

Tax Parcel No. _____ Street Address _____

Applicant's Name and Address _____

Zoning District (check one)

_____ Phone _____ R1 ___
_____ Cell _____ R2 ___
_____ Email _____ R3 ___

(If Applicant different from owner, notarized written permission of owner must be attached hereto.)

Owner's Name and Address (if different) _____

_____ Phone _____ B1 ___
_____ Cell _____ B2 ___
_____ Email _____ L1 ___
_____ IR ___

Application for (check applicable item)

- A. Interpretation of Zoning Ordinance or Map
- B. Area Variance
- C. Use Variance
- D. Appeal of decision of Code Enforcement Officer

Request relates to provisions of (check applicable item)

- A. Town of Lansing Land use Ordinance, Section _____
- B. Town of Lansing Subdivision Regulations, Section _____
- C. Other (Identity) _____

Purpose of Request: (attach additional information if necessary)

Justification of Request: (attach additional information if necessary)

All Applicants for Variances shall please read the following:

The Board of Zoning Appeals may grant Variances from the provisions of this Ordinance, only where by reason of exceptional narrowness, shallowness or shape of a specific piece of property, or where by reason of exceptional topographic conditions or other extraordinary or exceptional conditions of a piece of property, or where by reason of other extraordinary or exceptional circumstances, the strict application of the requirements of this Ordinance would result in practical difficulties to, or undue hardship upon, the owner of this property, and further provided that this relief may be granted without substantially impairing the intent and purpose of this Ordinance. In granting a Variance, the Zoning Board of Appeals may attach such conditions regarding the location, character and other features of the proposed building, structure or use as it may deem advisable so that the purpose of this Ordinance will be served, public safety and welfare secured and substantial justice done. However, the Board of Zoning Appeals shall not be authorized to grant a density Variance or a Use variance to permit a use in a district in which the use is prohibited.

Incomplete Applications will not be considered.

Applicant / Agent must be present at the Public Hearing. This Application, accompanying fee and all supporting documents must be submitted to the Zoning Administrator no later than two (2) weeks prior to the date that the request is to be considered. See Schedule of Meetings at www.lansingtown.com

Town of Lansing

AGRICULTURAL DATA STATEMENT

Date: _____

Instructions: In accordance with Section 283-a of the New York State Town Law, this form must be completed for an application for a special permit, site plan approval, use variance, or a subdivision requiring municipal review that would occur on property with 500 feet of a farm operation in a certified Agricultural District.

Applicant	Owner (if different from applicant)
Name:	Name:
Address:	Address:

1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance; Subdivision Approval

2. Project Name/Location: _____

3. Tax Parcel Number(s): _____

4. Description of proposed project: _____

5. Number of total acres involved with project: _____

6. Number of acres presently in Tax Parcel: _____

7. How much of the site is currently farmed? _____ Acres

8. Please identify who is farming the site: _____

9. Does this person ____ own, or ____ rent the land. (Please check only one).

10. Please indicate what the intentions are for the use of the remainder of the property

11. Who will maintain the remainder of the property not being used for this development?

12. Other project information. Please include information about the existing land cover (crops or vegetation), any known impacts on existing stormwater drainage (including field tiles), or other significant plant materials: _____

Signature of Applicant

Signature of Owner (if other than app)

FOR TOWN USE ONLY:

Note: This form and a map of the parcel(s) should be mailed to County Planning as part of the GML 239 m and n referral. It should also be mailed to property owners within 600 feet of the property boundary (Attach list of property owners within 600 feet).

Name of Staff Person: _____

Date referred to County Planning: _____