

## RECEIVED

April aa aoas

TOWN OF MOREAU BUILDING DEPARTMENT

## **APPLICATION FOR AREA VARIANCE**

FOR INTERNAL USE ONLY APPLICANT: APPEAL#: ZONING DISTRICT: DATE SUBMITTED: DATE ACCEPTED: **HEARING DATE:** ☐SEQR Type 1 ☐ SEQR Type 2 □Unlisted APPLICANT INFORMATION: 1. Applicant(s): Street Address: City, State, Zip: Telephone #: E-mail Address: 2. Agent: Street Address: City, State, Zip: Telephone #: E-mail Address: 3. Owner: Street Address: City, State, Zip: Telephone #: E-mail Address: RELATIONSHIP TO THE PROPERTY: OWNER: ₩ Yes I No LESSEE: ☐ Yes ☐ No AGENT:

Area Variance Application

If an agent, please attach an Agent Authorization Form. (

## TOWN OF MOREAU NEWYORK

ADDRESS:	Fort Edward	Rd taxmap#:		<u> </u>
CLIBRENT LISE-	ከሌበብ	ZONING DISTRIC	Т:	
LENGTH OF TIME OF	USE: TREVE	PROPOSED USE:	privacy	
RELIEFSOUGHT: 1	low 6' instead	of 41 privacy fea	l	
AREA VARIANCE RE	QUEST:			
	Required Dimension	Proposed Dimension	Difference	%
Front Yard Setback				
Side Yard Setback		<u>*</u>		<del></del>
Rear Yard Setback				
Lot Area				
GENERAL DESCRIPT	non of the action for	r which an area varian	NCE IS SOUGHT:	-4'.
				<del></del>
CRITERIA: An area in § 179-59A are specified in	variance may be granted pecifically found to exist	only in the event that <u>ALL</u> by the Zoning Board of Ap	five (5) of the circum peals and are each so	nstances list o stated in t
(1) That the strict difficulty to the	application of said din	nensional requirements w	ould result in a spec	cified practi
(2) How substanti	al the requested variance	e is in relation to the requi	rements. 8	

(3) That the difficulty cannot be alleviated by some practical method feasible for the applicant to pursue.

(4) That there will be no substantial change in the character of the neighborhood or a detriment to the

adjoining properties.

**GENERAL PROJECT INFORMATION:** 

(5) That the variance would not be materially detrimental to the purpose of this chapter or to property in the district in which the property is located or otherwise conflict with the description or purpose of the district or the objectives of any plan or policy of the town and that the variance requested is the minimum variance which would alleviate the specific practical difficulty found by the Zoning Board of Appeals to affect the applicant.

Please describe how your circumstance meets ALL five (4) criteria (please attach additional pages as necessary):

(1) The dimension we are seeking is a 6' privary texe.
The current 4' requirement in height wouldn't give us the
needed privacy we are asking for.
(2) The difference requested is 2' in height variance.
(3) There is no other option available to get the privacy needed.
(4) The 2' difference in height will enhance the neighborhood
as it will be brand new ferrang installed by a professional.  It will be not detriment to other proporties, as it will be solid.
(5) We are reguesting a minimal variance allowance in 2' in height to obtain provay we need. It will be a brand new wooden stockade type Ence.
2' in height to obtain propay we need. It will be a brand
new wooden stockade type Ence.
Thank you!!



## **CHECKLIST OF VARIANCE APPLICATION COMPLETENESS:**

As per §149-57 of the Zoning Chapter of the Town Code, the following information shall be supplied by the applicant with any variance application:

tne app	onca	nt with any variance application:			
Please complete the checklist of required application elements:					
	1.	Map of the property with a scaled site plan and/or elevations necessary to show the proposed project for which the variance is sought.			
	2.	Complete narrative response addressing each of the criteria as specified in this application.			
	3.	Financial documentation demonstrating the reasonableness of financial return on the property.			
	4.	Completed and signed Part 1 of the appropriate Environmental Assessment Form. Paper copies are available at the Building Department in Town Hall or electronically at <a href="https://www.dec.ny.gov/permits/6191.html">https://www.dec.ny.gov/permits/6191.html</a> .			
	5.	Additional information requested by the Zoning Board of Appeals.			
Please return the original application, with all four pages intact, along with ten (10) paper copies and an electronic copy, including required information and documentation. The electronic copy may be submitted on a flash drive or emailed to <a href="mailto:biclerk@townofmoreau.org">biclerk@townofmoreau.org</a> .					
NOTE: The application will not be scheduled on the Zoning Board of Appeals agenda until all paper and electronic copies have been received by the Town Building Department.					
Also note that the information to be provided is not limited to the space on this form. If additional space is needed, please use separate sheets and indicate the enclosure number or page number for the attached sheets in the related space provided on this application.					
Signatu	ire	Leo Lynch Vicky Lynch  Applicant (print)  Applicant (print)			
	7	Les Ly Vicly R. Lynch Hp. 121 2025  Applicant (sign)  Date			