

APPLICATION TO  
THE  
ZONING BOARD OF APPEALS  
VILLAGE OF BREWSTER

FEES DUE WITH APPLICATION: \$\_\_\_\_\_ - (Payable to Village of Brewster).

USE VARIANCE: \$500.00

AREA VARIANCE: \$400.00

INTERPRETATION: \$500.00

ESCROW FEE: \$1,000.00

APPLICATION MUST BE RECEIVED 10 DAYS PRIOR TO MEETING (NO EXCEPTIONS).

APPLICATION REQUIREMENTS (TEN COPIES EACH).

1. Attached Application.
2. Escrow fee of \$1,000 – refundable if not used.
3. Current Property Survey.
4. Property Survey (showing proposed variance requirements for area variance only, if applicable).
5. Zoning schedule outlining existing, allowable and proposed conditions.
6. Supporting documents to the application, as may be required (i.e. building floor plans, square footage, calculations, Sign design, etc.).
7. Disclosure Statement.

ZONING BOARD OF APPEALS  
VILLAGE OF BREWSTER, NEW YORK

ZONING BOARD USE ONLY  
Date Advertised \_\_\_\_\_  
Date of Meeting \_\_\_\_\_  
Decision \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO THE CHAIRMAN OF THE ZONING BOARD OF APPEALS:

I hereby file an appeal and make application for a variation from the requirements of the Zoning Ordinance of the Village of Brewster, New York.

NAME AND ADDRESS OF APPLICANT:

DATE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE \_\_\_\_\_

DESCRIPTION OF PROPERTY: SECTION/BLOCK/LOT \_\_\_\_\_

Street \_\_\_\_\_ Zone \_\_\_\_\_

Subdiv \_\_\_\_\_ Approved On \_\_\_\_\_

Nearest Intersection \_\_\_\_\_ Approx. Distance \_\_\_\_\_

Property Zone \_\_\_\_\_ Size of Lot (Sq. Ft.) \_\_\_\_\_ Type of Bldg. \_\_\_\_\_

Height (Ft.) \_\_\_\_\_ Stories \_\_\_\_\_ Size of Bldg. \_\_\_\_\_

Front (Ft.) \_\_\_\_\_ Depth (Ft.) \_\_\_\_\_ Side Yards (Ft.) \_\_\_\_\_

FORMER OWNER (FROM DEED): \_\_\_\_\_

REASON FOR REQUESTED HEARING (State clearly and completely the reason for the appeal or application and description of work or use, and indicate applicable section(s) of Village ordinance(s) involved).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Contractor or Person responsible for work: \_\_\_\_\_

Name of Engineer (if any): \_\_\_\_\_

Name of Architect (if any): \_\_\_\_\_

Has any prior application or appeal been filed with this Board? \_\_\_\_\_

If so, Give date and decision \_\_\_\_\_

Name and address of applicant: \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Name and address of attorney or representative, if any: \_\_\_\_\_

\_\_\_\_\_

Is any property within 500 feet of the following?

State or County Highway \_\_\_\_\_ County or Town Line \_\_\_\_\_

Parkway \_\_\_\_\_ Public Lands or Parks \_\_\_\_\_

The following persons who are within 200 feet of the described property are to be notified in writing, by certified mail, return receipt requested, 10 days prior to the return date of the hearing, of the nature of the zoning variance requested:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is any portion or property within a Wetlands Area? \_\_\_\_\_

Flood Hazard? \_\_\_\_\_

Has a Court Summons been served relative to this matter? \_\_\_\_\_

Has a STOP WORK ORDER been served relative to this matter? \_\_\_\_\_

**APPELLANT DEPOSES AND SAYS THAT ALL THE ABOVE STATEMENTS CONTAINED IN THE PAPERS SUBMITTED ARE TRUE**

\_\_\_\_\_  
Signature of Appellant