

**TOWN OF ANCRAM**  
**ZONING BOARD OF APPEALS**

1416 County Route 7  
Ancram, NY 12502  
Telephone (518) 329-6512 ext. 5  
Fax (518) 329-6535  
zoningboard@townofancram.org

**VARIANCE APPLICATION**

Date \_\_\_\_\_ Application No. \_\_\_\_\_

Applicant/Property Owner: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Represented By (If Applicable) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Location Of Property \_\_\_\_\_

Zone \_\_\_\_\_ Tax \_\_\_\_\_

Map Parcel No. \_\_\_\_\_ Date \_\_\_\_\_

Property Was Purchased \_\_\_\_\_

Action Requested: \_\_\_\_\_ Use Variance  
\_\_\_\_\_ Area Variance  
\_\_\_\_\_ Other \_\_\_\_\_

Are There Any Existing Deed Restrictions, Easements, Or Right-Of-Way(S) On The Property? \_\_\_\_\_

If Yes, Please Provide A Copy To The Zoning Board Or Appeals.

Please attach the following documents to this application and provide 7 copies and an electronic version, unless otherwise specified.

1. Any cover letter or narrative;
2. If your building permit was denied by the ZEO, a Letter of Determination by the Zoning Enforcement Officer stating the reasons for the denial.
3. Area Variances associated with subdivision, site plan or special use permit applications may go directly to the ZBA without denial from ZEO.
4. Map, drawn to scale (preferably a surveyor's map) showing existing and proposed structures and existing conditions including site topography, and significant natural features, such as wetlands and stream courses.

Zoning Board of Appeals and Clerk

5. Any technical reports (archaeology, traffic, wetlands, storm water management, etc), if available;
6. A completed Agricultural Data Statement, if applicable.
7. A completed Short EAF Part 1 only
8. Letter from owner stating under what conditions ZBA members may visit the property.
9. Required fees from Town of Ancram Fee Schedule.

Describe the requested variance you are seeking. Include the dimension regulations from the Zoning Law and how your project differs from those regulations:

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**The Zoning Board of Appeals members may need to conduct a site visit(s) as part of the review process of this application.**

**Please indicate yes\_\_\_\_\_or no\_\_if you would like to be present during their visit. If you plan to be present, a separate meeting will be scheduled to accommodate your needs. Upon signing this form, you are giving Zoning Board of Appeals members permission to access your property for the purpose of reviewing your application.**

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Applicant's Signature	Date	Owner's Signature	Date
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Submit to:  
ZBA Clerk  
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Ancram, NY 12502  
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Fax (518) 329-6535  
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