

Nelson Gage, Zoning Board Chair
Jonathan Lack, Vice Chairman
Chris Parslow, Town Planner
Coryn VanDeusen, Clerk



Link Pettit, Board Member
Matthew Ganster, Board Member
Daniel Boggs, Board Member
Charles Leoni, Alternate Member
Caitlin Mattos, Board Member

**TOWN OF DUANESBURG
SCHENECTADY COUNTY**

**INSTRUCTIONS FOR APPLICATIONS TO THE ZONING BOARD
OF APPEALS**

1. The Zoning Board of Appeals meets the **Third Tuesday** of each month at **7:00PM**.
2. Each application shall consist of eight (8) copies of the requested information including the maps and the application.
3. All applications shall be accompanied with the required fee (fees are non-refundable). Without the appropriate fee the application **WILL NOT** be reviewed.
4. Each application shall be submitted and reviewed at least 10 days prior to each Zoning Board meeting. Failure to submit required information might result in the delay of your application being considered.
5. The applicant must appear in person or by a duly designated representative at the hearing or the matter will not be considered. If for any reason you or your representative cannot attend the meeting scheduled, please contact the Planning and Zoning Dept. office prior to the meeting.

Coryn VanDeusen
Planning and Zoning Clerk
Town of Duanesburg
5853 Western Turnpike
Duanesburg NY 12056
P# 518-895-2040

Revised 08/30/2023

**VARIANCE APPLICATION
TOWN OF DUANESBURG
ZONING BOARD OF APPEALS**

Revised 03/5/15

Date: _____ Zoning District _____ Type of Variance _____
☐ Use Variance ☐ Area Variance
SBL# _____ Phone #: _____ Email: _____

Applicant's Name: _____

Applicant's Address: _____

Property Owner Name(if different): _____

Property Address (if different): _____

Property Owner's Signature _____
(Signature of owner indicates they have reviewed the proposal and give their permission)

Proposal: (Brief description of request)

A copy of this notarized application and the accompanying information must be submitted to the Planning and Zoning Department for approval before being placed on the ZBA agenda. Eight (8) copies of this application must be reviewed and filed at least 10 days prior to the next ZBA meeting.

REQUIRED INFORMATION:

- Copy of the property deed
- Location map showing the location of the property with
 - A) Name of applicant and SBL#
 - B) North arrow; Street and if applicable the lake shore
 - C) Adjoining property owners names with location of wells and septic systems within 100ft of the adjoining property boundaries
- Property map to scale
 - A) Name of applicant and SBL#
 - B) North arrow; Location of any structures currently on the property with dimensions of the structures and distances to the property boundaries
 - C) Location of proposed structure, dimensions and intended use; Distances from the proposed structure to the property boundaries
 - D) Location of well and septic system; Any easements or right of ways and any other geographic or environmental characteristics of the property which may have a bearing on the Board's decision

I certify that all the information submitted is true and accurate to the best of my knowledge.

Applicant _____ Date _____

State of New York, county of Schenectady sworn this _____ day of _____ 20____. Notary Public

***** (For Office use only) *****

Reviewed by _____ Date _____
Fee _____ Date _____ Check# _____ Rec'd By _____
Hearing Date _____ Approved: YES NO Approval Date _____

Conditions of approval: A permit must be obtained within 6 months of approval of this application and all other aspects of the Zoning Ordinance must be followed or the approval becomes null and void.

Other Conditions include: _____

Authorized Signature _____ Date _____
(ZBA Chairperson)

Agricultural Data Statement

Date: _____

Instructions: Per § 305-a of the New York State Agriculture and Markets Law, any application for a special use permit, site plan approval, use variance or a subdivision approval requiring municipal review and approval would occur on property within a New York State Certified Agricultural District containing a farm operation or property with boundaries within 500 feet of a farm operation located in an Agricultural District shall include an Agricultural Data Statement.

Applicant	Owner if Different from Applicant
Name: _____ Address: _____ _____	Name: _____ _____ _____

1. Type of Application: Special Use Permit; Site Plan Approval; Use Variance; Area Variance; Subdivision Approval (circle one or more)
2. Description of proposed project:

3. Location of project: Address: _____
Tax Map Number (TMP) _____
4. Is this parcel within an Agricultural District? YES NO (Check with your local
5. If YES, Agricultural District Number _____ assessor if you do not know.)
6. Is this parcel actively farmed? YES NO
7. List all farm operations within 500 feet of your parcel. Attach additional sheet if necessary.

NAME: _____ ADDRESS: _____ _____	NAME: _____ ADDRESS: _____ _____
Is this parcel actively farmed? YES NO	Is this parcel actively farmed? YES NO
NAME: _____ ADDRESS: _____ _____	NAME: _____ ADDRESS: _____ _____
Is this parcel actively farmed? YES NO	Is this parcel actively farmed? YES NO

Signature of Applicant _____

Signature of Owner (if other than applicant) _____

Reviewed by: _____

Christopher Parslow

Date _____

Revised 6/6/23

FARM NOTE

Prospective residents should be aware that farm operations may generate dust, odor, smoke, noise, vibration and other conditions that may be objectionable to nearby properties. Local governments shall not unreasonably restrict or regulate farm operations within State Certified Agricultural Districts unless it can be shown that the public health or safety is threatened.

NOTE TO REFERRAL AGENCY: County Planning Board review is required. A copy of the Agricultural Data Statement must be submitted along with the referral to the County Planning Department.