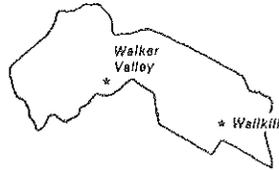


Established March 7, 1788



ZONING BOARD OF APPEALS  
**TOWN OF SHAWANGUNK**  
COUNTY OF ULSTER (P.O. BOX 247)  
**Wallkill, New York 12589**

TELEPHONE (845) 895-3356

FAX (845) 895-2162

Dear

**Before presenting this application to the Zoning Board of Appeals, the following information must be submitted to the Code Enforcement Officer.**

1. A **complete written description** of the proposal.
2. The **Section of Code** that the variance is going to be used for.
3. Six copies of **plot plan** drawn to **scale** showing the **location** and **size** of the **proposed existing structures** and the **site distances** from the property lines, **front, sides and rear**. The **location** of the **septic system** and **reserve area** and the **well (proposed or existing)**.
  - **A CERTIFIED SURVEY MAY BE REQUIRED - FAILURE TO SUBMIT A SUITABLE PLOT PLAN WILL DELAY YOU GETTING ON THE AGENDA FOR A PUBLIC HEARING.**
4. A **completed Environmental Assessment Form** and/or **County Review**. This form must be filled out by going to the following link and following the steps:  
[www.dec.ny.gov/eafmapper](http://www.dec.ny.gov/eafmapper).
5. A **copy** of the **Deed** and a **copy** of the **Tax Map**.
6. An application fee of **TWO HUNDRED AND FIFTY DOLLARS (\$250.00)** along with the **COMPLETED APPLICATION FORM** (attached)
7. Four **current photographs** of the **building/buildings involved** taken from the **front, rear and side**.
8. Such other information as required by the Zoning Board for their review.
9. Application must be submitted by the **2<sup>nd</sup> Wednesday** of the month for the **following month's meeting**.
10. Variances will not be issued until all fees are satisfied.
11. **By signing this application, you are giving the Zoning Board permission for site visits.**  
**Please initial here for permission for site visits and return this page:** \_\_\_\_\_

The Zoning Board Secretary, **Kathy Ebbrell**, may be reached Monday through Friday 9:00 AM-12:00 PM.

Respectfully yours,

**Archie Reid**  
ZBA Chairman

Revised 6/26/14

**TOWN OF SHAWANGUNK  
BUILDING FIELD REPORT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SECTION, BLOCK & LOT NUMBER: \_\_\_\_\_

LOCATION AND DIRECTIONS: \_\_\_\_\_

\*\*\*\*\*FOLLOWING TO BE COMPLETED BY BUILDING INSPECTOR\*\*\*\*\*

PERMIT REQUESTED FOR: \_\_\_\_\_

ZONING DISTRICT: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

LOT SIZE MEETS ZONING REQUIREMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

FRONT, SIDE, REAR SETBACKS MEET REQUIREMENT: YES \_\_\_\_\_ NO \_\_\_\_\_

DRIVEWAY PERMIT REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

STATE HIGHWAY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ TOWN: \_\_\_\_\_

FLOOD ZONE: YES: \_\_\_\_\_ NO: \_\_\_\_\_ MAP #: \_\_\_\_\_

WETLAND DESIGNATION: \_\_\_\_\_ MAP #: \_\_\_\_\_

CRITICAL ENVIRONMENTAL AREA: YES \_\_\_\_\_ NO \_\_\_\_\_ RIDGE \_\_\_\_\_ AQUIFER \_\_\_\_\_

RECREATIONAL RIVER CORRIDOR: YES \_\_\_\_\_ NO \_\_\_\_\_

PERMIT ISSUED: YES \_\_\_\_\_ NO \_\_\_\_\_ DATE: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

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

INSPECTOR'S COMMENTS: \_\_\_\_\_

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

DATE: \_\_\_\_\_

\_\_\_\_\_  
**GEORGE SAWYER**  
**CODE ENFORCEMENT/ZONING OFFICER**

**APPLICATION FOR APPEARANCE OR PUBLIC HEARING**

DATE: \_\_\_\_\_

SECTION: \_\_\_\_\_ BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

PROPERTY LOCATION: \_\_\_\_\_ LOT SIZE: \_\_\_\_\_

FRONTAGE: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

FLOOD PLAIN: \_\_\_\_\_ NYDEC WETLANDS: \_\_\_\_\_

CRITICAL ENVIRONMENTAL AREA: \_\_\_\_\_



FULL NAME OF APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_

ACTION REQUESTED: \_\_\_\_\_



SUBDIVISION NAME AND DATE OF MAP FILING: \_\_\_\_\_



CONDITIONS AND RESTRICTIONS INDICATED ON MAP: \_\_\_\_\_



LIST DEED RESTRICTIONS: \_\_\_\_\_

DETERMINATION OR REVIEW OF ANY BOARD OR AGENCY REGARDING THIS PROPERTY OR GENERAL AREA:



PRIOR ZBA ACTION: \_\_\_\_\_

**THIS APPLICATION MUST BE COMPLETELY FILLED OUT BY APPLICANT**

---

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

---

SIGNATURE OF OWNER \_\_\_\_\_ DATE \_\_\_\_\_

The Environmental Assessment Form **MUST** be filled out by going to the following link and following the steps:

[www.dec.ny.gov/eafmapper](http://www.dec.ny.gov/eafmapper)

If you do not have access to a computer, see the Zoning Board Secretary.

**Agricultural Data Statement**

In accordance with Section 283-a of the New York State Law, The Town of Shawangunk will use this statement to assist in evaluating impacts of proposed actions on agricultural farm operations in agricultural districts.

Name/Address \_\_\_\_\_  
of Applicant: \_\_\_\_\_

Description of proposed project: \_\_\_\_\_

Tax Map Number(s): \_\_\_\_\_

Lot Size & Location \_\_\_\_\_

Number of acres involved with the project: \_\_\_\_\_

Is any portion of the site currently being used for agricultural purposes?

Yes How many acres? \_\_\_\_\_

Type of agricultural product. \_\_\_\_\_

Indicate the person or entity farming the land. \_\_\_\_\_

Is the land  owned or  rented/leased? (Please check one)

No Indicate the last year used for an agricultural purpose. \_\_\_\_\_

What are the intentions for the use of the remainder of the land that is not in the proposal?  
\_\_\_\_\_

Who will maintain the remainder of the property not being used for this development?  
\_\_\_\_\_

Other project information – (e.g., existing cover of the site, slopes, any known impacts on existing storm water drainage (including field titles or other significant plant materials).  
\_\_\_\_\_

Indicate any farming operations within 500 ft. of the project site. Include: Tax Map Number(s) and Owner(s)  
Name: \_\_\_\_\_  
\_\_\_\_\_

**For Town Use Only**

Has the Agricultural Data Statement been referred to the County Planning Agency?

Yes Date of Referral: \_\_\_\_\_ Referral Number: \_\_\_\_\_

No Reason: \_\_\_\_\_

Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_