



# CITY OF SARATOGA SPRINGS

City Hall - 474 Broadway  
Saratoga Springs, New York 12866  
Tel: 518-587-3550 fax: 518-580-9480

[FOR OFFICE USE]  
\_\_\_\_\_  
(Application #)  
\_\_\_\_\_  
(Date received)

APPLICATION FOR:  
APPEAL TO THE ZONING BOARD FOR AN  
INTERPRETATION, USE VARIANCE, AREA VARIANCE AND/OR VARIANCE EXTENSION

APPLICANT(S)\*

OWNER(S) (If not applicant)

ATTORNEY/AGENT

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ / \_\_\_\_\_

Email \_\_\_\_\_

\* An applicant must be the property owner, lessee, or one with an option to lease or purchase the property in question.

Applicant's interest in the premises:  Owner  Lessee  Under option to lease or purchase

PROPERTY INFORMATION

1. Property Address/Location: \_\_\_\_\_ Tax Parcel No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(for example: 165.52 - 4 - 37)

2. Date acquired by current owner: \_\_\_\_\_ 3. Zoning District when purchased: \_\_\_\_\_

4. Present use of property: \_\_\_\_\_ 5. Current Zoning District: \_\_\_\_\_

6. Has a previous ZBA application/appeal been filed for this property?  
 Yes (when? \_\_\_\_\_ For what? \_\_\_\_\_)  
 No

7. Is property located within (check all that apply):  Historic District  Architectural Review District  
 500' of a State Park, city boundary, or county/state highway?

8. Brief description of proposed action: \_\_\_\_\_

9. Is there a written violation for this parcel that is not the subject of this application?  Yes  No

10. Has the work, use or occupancy to which this appeal relates already begun?  Yes  No

11. Identify the type of appeal you are requesting (check all that apply):

INTERPRETATION (p. 2)  VARIANCE EXTENSION (p. 2)  USE VARIANCE (pp. 3-6)  AREA VARIANCE (pp. 6-7)

FEES: Make checks payable to the "Commissioner of Finance". Fees are cumulative and required for each request below.

- Interpretation \$ 400
- Use variance \$1,000
- Area variance
- Residential use/property: \$ 150
- Non-residential use/property: \$ 500
- Extensions: \$ 150

**INTERPRETATION – PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

1. Identify the section(s) of the Zoning Ordinance for which you are seeking an interpretation:

Section(s) \_\_\_\_\_

2. How do you request that this section be interpreted? \_\_\_\_\_

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

3. If interpretation is denied, do you wish to request alternative zoning relief?  Yes  No

4. If the answer to #3 is "yes," what alternative relief do you request?  Use Variance  Area Variance

**EXTENSION OF A VARIANCE – PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

1. Date original variance was granted: \_\_\_\_\_ 2. Type of variance granted?  Use  Area

3. Date original variance expired: \_\_\_\_\_

5. Explain why the extension is necessary. Why wasn't the original timeframe sufficient?

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

When requesting an extension of time for an existing variance, the applicant must prove that the circumstances upon which the original variance was granted have not changed. Specifically demonstrate that there have been no significant changes on the site, in the neighborhood, or within the circumstances upon which the original variance was granted:

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

**USE VARIANCE – PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

A use variance is requested to permit the following: \_\_\_\_\_

For the Zoning Board to grant a request for a use variance, an applicant must prove that the zoning regulations create an unnecessary hardship in relation to that property. In seeking a use variance, New York State law requires an applicant to prove all four of the following “tests”.

- I. That the applicant cannot realize a reasonable financial return on initial investment for any currently permitted use on the property. “Dollars & cents” proof must be submitted as evidence. The property in question cannot yield a reasonable return for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A. Submit the following financial evidence relating to this property (attach additional evidence as needed):

1) Date of purchase: \_\_\_\_\_ Purchase amount: \$ \_\_\_\_\_

2) Indicate dates and costs of any improvements made to property after purchase:

<u>Date</u>	<u>Improvement</u>	<u>Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3) Annual maintenance expenses: \$ \_\_\_\_\_ 4) Annual taxes: \$ \_\_\_\_\_

5) Annual income generated from property: \$ \_\_\_\_\_

6) City assessed value: \$ \_\_\_\_\_ Equalization rate: \_\_\_\_\_ Estimated Market Value: \$ \_\_\_\_\_

7) Appraised Value: \$ \_\_\_\_\_ Appraiser: \_\_\_\_\_ Date: \_\_\_\_\_

Appraisal Assumptions: \_\_\_\_\_

B. Has property been listed for sale with the Multiple Listing Service (MLS)?  Yes If "yes", for how long? \_\_\_\_\_  No

1) Original listing date(s): \_\_\_\_\_ Original listing price: \$ \_\_\_\_\_

If listing price was reduced, describe when and to what extent: \_\_\_\_\_

\_\_\_\_\_

2) Has the property been advertised in the newspapers or other publications?  Yes  No

If yes, describe frequency and name of publications: \_\_\_\_\_

\_\_\_\_\_

3) Has the property had a "For Sale" sign posted on it?  Yes  No

If yes, list dates when sign was posted: \_\_\_\_\_

\_\_\_\_\_

4) How many times has the property been shown and with what results? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. That the financial hardship relating to this property is unique and does not apply to a substantial portion of the neighborhood. Difficulties shared with numerous other properties in the same neighborhood or district would not satisfy this requirement. This previously identified financial hardship is unique for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**AREA VARIANCE – PLEASE ANSWER THE FOLLOWING** (add additional information as necessary):

The applicant requests relief from the following Zoning Ordinance article(s) \_\_\_\_\_

<u>Dimensional Requirements</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other: \_\_\_\_\_  
\_\_\_\_\_

To grant an area variance, the ZBA must balance the benefits to the applicant and the health, safety, and welfare of the neighborhood and community, taking into consideration the following:

- 1. Whether the benefit sought by the applicant can be achieved by other feasible means. Identify what alternatives to the variance have been explored (alternative designs, attempts to purchase land, etc.) and why they are not feasible.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2. Whether granting the variance will produce an undesirable change in the character of the neighborhood or a detriment to nearby properties. Granting the variance will not create a detriment to nearby properties or an undesirable change in the neighborhood character for the following reasons:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

3. Whether the variance is substantial. The requested variance is not substantial for the following reasons:

---

---

---

---

---

---

---

4. Whether the variance will have adverse physical or environmental effects on neighborhood or district. The requested variance will not have an adverse physical or environmental effect on the neighborhood or district for the following reasons:

---

---

---

---

---

---

---

5. Whether the alleged difficulty was self-created (although this does not necessarily preclude the granting of an area variance). Explain whether the alleged difficulty was or was not self-created:

---

---

---

---

---

---

---

---

---

---

---

---

DISCLOSURE

Does any City officer, employee, or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application?  No  Yes If "yes", a statement disclosing the name, residence and nature and extent of this interest must be filed with this application.

APPLICANT CERTIFICATION

I/we, the property owner(s), or purchaser(s)/lessee(s) under contract, of the land in question, hereby request an appearance before the Zoning Board of Appeals.

By the signature(s) attached hereto, I/we certify that the information provided within this application and accompanying documentation is, to the best of my/our knowledge, true and accurate. I/we further understand that intentionally providing false or misleading information is grounds for immediate denial of this application.

Furthermore, I/we hereby authorize the members of the Zoning Board of Appeals and designated City staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this appeal.

\_\_\_\_\_  
(applicant signature)

Date: \_\_\_\_\_

\_\_\_\_\_  
(applicant signature)

Date: \_\_\_\_\_

If applicant is not the currently the owner of the property, the current owner must also sign.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ZONING AND BUILDING INSPECTOR DENIAL  
OF APPLICATION FOR LAND USE AND/OR BUILDING**

APPLICANT: \_\_\_\_\_ TAX PARCEL NO.: \_\_\_\_\_ . \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ ZONING DISTRICT: \_\_\_\_\_

This applicant has applied to use the identified property within the City of Saratoga Springs for the following:

---

---

---

This application is hereby denied upon the grounds that such use of the property would violate the City Zoning Ordinance article(s)

\_\_\_\_\_. As such, the following relief would be required to proceed:

Extension of existing variance       Interpretation

Use Variance to permit the following: \_\_\_\_\_

---

---

---

Area Variance seeking the following relief:

<u>Dimensional Requirements</u>	<u>From</u>	<u>To</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other: \_\_\_\_\_

---

Note: \_\_\_\_\_

Advisory Opinion required from Saratoga County Planning Board

\_\_\_\_\_  
ZONING AND BUILDING INSPECTOR

\_\_\_\_\_  
DATE

Request for extension of current approval

- Identify date of original DRC approval: \_\_\_\_\_ Current expiration date: \_\_\_\_\_ Org. App. No. \_\_\_\_\_
- Describe why this extension is necessary and whether any significant changes have occurred either on the site or in the neighborhood.

SEQR Environmental Assessment Form

Applicants proposing the following must complete "Part I" of the SEQR Short Environmental Assessment Form (available here: [http://www.dec.ny.gov/docs/permits\\_ej\\_operations\\_pdf/seafpartone.pdf](http://www.dec.ny.gov/docs/permits_ej_operations_pdf/seafpartone.pdf)):

- Construction or expansion of a multi-family residential structure (4 units +)
- Construction or expansion (exceeding 4,000 sq. ft. gross floor area) of a principal or accessory non-residential structure
- Telecommunications facility, radio antennae, satellite dishes
- Demolition

Disclosure

Does any City officer, employee or family member thereof have a financial interest (as defined by General Municipal Law Section 809) in this application?

- No  Yes - If yes, a statement disclosing the name, residence, nature, and extent of this interest must be filed with this application.

Certification

I/we, the property owner(s), or purchaser(s)/lessee(s) under contract, of the land in question, hereby request an appearance before the Design Review Commission.

By the signature(s) attached hereto, I/we certify that the information provided within this application and accompanying documentation is, to the best of my/our knowledge, true and accurate. I/we further understand that intentionally providing false or misleading information is grounds for immediate denial of this application.

I/we hereby authorize the members of the Design Review Commission and designated City staff to enter the property associated with this application for purposes of conducting any necessary site inspections relating to this application.

Furthermore, I/we agree to meet all requirements under Article VII for Historic Review or Article VIII for Architectural Review of the Zoning Code of the City of Saratoga Springs.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (applicant signature)  
  
 \_\_\_\_\_  
 (applicant signature)

Date: \_\_\_\_\_

If applicant is not the currently the owner of the property, the current owner must also sign.

Owner Signature: 

Date: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Freestanding sign location at 12 sqft.

This proof is not submitted for color approval or print quality. Please proof read carefully upon receipt. Colors viewed on monitors may vary slightly from actual colors in final production. If color critical, please provide accurate color samples (ie: pantone, paint swatches, etc.) Signed proofs indicate review and acceptance of the proof. Once proof is signed and returned with approval, we are not responsible for any discrepancies regarding color, spelling or materials used in production.

**PROOFS MUST BE SIGNED AND RETURNED VIA EMAIL OR FAX BEFORE PROCEEDING**

**ADIRONDACK**  
SIGN COMPANY  
77 Balkman Ave. Saratoga Springs, NY 12866  
www.AdkSignCo.com

Customer: Bonacio - Empire Run  
Project Name: Zoning Approval  
Designer: Daniel Roickl  
Date: 10/5/16  
Revision Date:

Approved As Is: \_\_\_\_\_  
Signature/Date

Approved with Corrections;  
no further proof needed: \_\_\_\_\_

Revisions Required; New proof needed: \_\_\_\_\_



Freestanding sign location. To change from 12 sqft to 24 sqft

This proof is not submitted for color approval or print quality. Please proof read carefully upon receipt. Colors viewed on monitors may vary slightly from actual colors in final production. If color critical, please provide accurate color samples (ie: pantons, paint swatches, etc.) Signed proofs indicate review and acceptance of the proof. Once proof is signed and returned with approval, we are not responsible for any discrepancies regarding color, spelling or materials used in production.

**PROOFS MUST BE SIGNED AND RETURNED VIA EMAIL OR FAX BEFORE PROCEEDING**

**ADIRONDACK**  
SIGN COMPANY

77 Ballston Ave. Syracuse Springs, NY 12866

www.AdSignCo.com

Customer: Bonacio - Empire Run  
Project Name: Zoning Approval  
Designer: Daniel Roickl  
Date: 10/5/16  
Revision Date:

Approved As Is: \_\_\_\_\_  
Signature/Date

Approved with Corrections;  
no further proof needed: \_\_\_\_\_

Revisions Required; New proof needed: \_\_\_\_\_



### Sign location for parking lot side.

This proof is not submitted for color approval or print quality. Please proof read carefully upon receipt. Colors viewed on monitors may vary slightly from actual colors in final production. If color critical, please provide accurate color samples (ie: pantone, paint swatches, etc.) Signed proofs indicate review and acceptance of the proof. Once proof is signed and returned with approval, we are not responsible for any discrepancies regarding color, spelling or materials used in production.

**PROOFS MUST BE SIGNED AND RETURNED VIA EMAIL OR FAX BEFORE PROCEEDING**

**ADIRONDACK**  
SIGN COMPANY  
72 Ballgan Ave., Saratoga Springs, NY 12866  
www.AdkSignCo.com

Customer: Bonacio - Empire Run  
Project Name: Zoning Approval  
Designer: Daniel Kolicki  
Date: 10/5/16  
Revision Date:

Approved As Is: \_\_\_\_\_ Signature/Date  
Approved with Corrections;  
no further proof needed: \_\_\_\_\_  
Revisions Required; New proof needed: \_\_\_\_\_