

TOWN OF CLERMONT
ZONING BOARD
1795 ROUTE 9
GERMANTOWN, NEW YORK 12526
518-537-6868
FAX: 518-537-5324

Dear Applicant or Representative of Applicant:

This packet of information is to assist you in completing your application for appeal to the Clermont Zoning Board of Appeals. Members of the Board will be available the Second Thursday of every month to review applications at the Town Hall from 7:00 – 8:00 P.M.

Before the appeal can be presented to the Zoning Board of Appeals, it must contain the following:

1. Completed application form.
2. Detailed plot plan, drawn to scale, showing (where applicable):
 - a. all buildings on property
 - b. boundary lines
 - c. abutting property owners
 - d. well (existing and/or proposed) with proof of potable water
 - e. septic system (existing and/or proposed)
 - f. right-of-ways/driveways
 - g. utility lines
 - h. height requirements – not to exceed 35 feet
 - i. curb cuts – as approved by appropriate Highway official
 - j. floor plan
 - k. restrictions and/or easements of record (check files of ZEO, ZBA, and planning boards)
3. Department of Health approved site with specifications or evidence of existing, working sewage system adequate for number of bedrooms
4. Deed (copy)
5. Environmental Assessment Form (attached)
6. Planning Board Notification as applicable
7. Time Frame:
 - a. Application reviewed Second Thursday
 - b. Application accepted, if complete at the next regular Zoning Board of Appeals meeting (Fourth Wednesday)
 - c. Public Hearing- usually at the next regular ZBA meeting (one month later)
 - d. Approval or Disapproval notification within 62 days.
8. List of property owners (with Tax ID number) within 500 feet of project site boundary
9. Completion of Agricultural Data Statement Review (if applicable)

Prior to the Public Hearing it is the responsibility of the applicant to notify property owners within 500' of property lines by certified mail with return receipts. Tax maps and tax rolls will be available to you on Thursday review night for names and addresses.

The letters should be mailed at least ten days in advance and receipts are to be brought to the Public Hearing as proof. A form letter is attached for your use.

You, or a representative who is able to answer questions for you, must accompany the application to review night and to the Zoning Board of Appeals meeting.

It is the responsibility of the applicant to be compliant with the above, to see that their application moves along through the process.

All applicable fees must be paid with the application. Recreation fees must be paid before final approval.



APPLICATION TO THE CLERMONT ZBA

BACKGROUND INFORMATION

Application Number: _____ Date of Application: ____ / ____ / ____

Name of Applicant: _____

Address of Applicant: _____

Applicant's Phone number: (____) _____

Property Tax ID number: _____

Property 911 address: _____

Zoning Classification (as per Town code): _____

NOTE: Attach sketch plan showing property boundaries, all existing and proposed structures, drives, and location of water and sewer facilities.

Date property was acquired: ____ / ____ / ____

APPLICATION INFORMATION: please circle

- I. Area Variance complete pages 2, 6, and 7
- II. Use Variance complete pages 3, 6, and 7
- III. Interpretation complete pages 4, 6, and 7
- IV. Special Use Permit complete pages 5, 6, and 7

** Also complete attached agricultural data statement and page 1 of SEQR form

Applicable Section of the Zoning Ordinance: _____

Proposed Action (What do you want to do?): _____

Attach the appropriate Environmental assessment form to comply with the requirements of SEQRA (NYCRR Part 617)

AREA VARIANCE APPLICATION – See Section 1.7 D of Zoning Ordinance

a. How substantial is the request? (Compare the required area regulation with the proposed):

b. Will the request, if approved, result in a need for additional government facilities? (e.g. schools, sewage, public water, emergency services)

YES ____ NO ____ If yes, indicate what type of estimated increase:

c. Will the character of the neighborhood be affected? YES ____ NO ____ If yes, indicate what the affect will be:

d. Are there any other courses of action that can be taken instead of the requested variance? (e.g. relocating the structure, modifying the plans of size, etc) YES ____ NO ____ If no, why not?

e. Provide narrative and any additional information to justify issuance of variance.

USE VARIANCE APPLICATION – See Section 1.7 D of Zoning Ordinance

a. Justify your lack of a reasonable return from any use allowed in the zone. Include dollars and cents proof such as maintenance costs, tax costs, renovation costs, inability to sell the property for a fair market value, etc. (Attach any applicable documents):

b. Will the proposed use be compatible with the surrounding land uses? Give specific information and details that indicate compatibility:

c. List any unique features of the parcel(s) or structure(s) involved that would prohibit a permitted use from being conducted:

d. Provide complete narrative of proposed use:

ZBA INTERPRETATION APPLICATION

a. Explain what is the nature of interpretation requested: _____

b. Have you previously been before any other Clermont Board on this issue? YES ____
NO ____ If yes, on what date and what was the Board's decision?

c. Has your proposal been discussed with your neighbors and what was their reaction?

SPECIAL USE PERMIT APPLICATION

a. Have you provided all information requested under Section 4.14 (Pages 44-70) of the Zoning Ordinance, including the required plan?: _____

b. Please provide a complete narrative of your project, which addresses all the **STANDARDS APPLICABLE TO ALL SPECIAL PERMIT USES** as listed in Section 4.14 of the Zoning Ordinance.

LIST OF CONTIGUOUS OWNERS

List the names and addresses of all property owners within five hundred (500) feet of any boundary of the project site's property, including those across streets and bodies of water. Addresses may be obtained from the current tax rolls which are available in the assessor's office:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

APPLICANT CERTIFICATION

I certify that the information contained in this application is factual and true to the best of my knowledge.

Applicant's Signature: _____ Date: ____ / ____ / ____

The following must be completed by the property owner if owner is not the applicant.

Owner(s) Name(s):

Telephone: (____) ____ - _____

I, _____ certify that I am the lawful owner of property located at _____ in the Town of Clermont and that I am aware of this application.

Owner(s) Signature(s): _____ Date: ____ / ____ / ____

_____ Date: ____ / ____ / ____

Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
Applicant/sponsor name: _____	Date: _____
Signature: _____	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF. <input type="checkbox"/> Yes <input type="checkbox"/> No	
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the

<input type="checkbox"/> CEA. Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
_____	_____
Name of Lead Agency	Date
_____	_____
Print or Type Name of Responsible Officer in Lead Agency	Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (If different from responsible officer)

DATE:
TO:

The Zoning Board of Appeals of the Town of Clermont will be holding a Public Hearing at 7:30 PM on _____ at the Clermont Town Hall to consider my application for:

_____ Special Permit _____ Use Variance _____ Area Variance

I wish to: _____

Because you are a landowner either adjoining or within 500' of this property, I am informing you of this Hearing. You are invited to attend to hear the testimony and present your views if you so desire.

Very truly yours,

PERMIT FEE SCHEDULE - Updated 2/10/12

The Town of Clermont hereby adopts the following fee schedule for permits issued by the Building Inspector of the Town of Clermont pursuant to the New York State Uniform Fire Prevention and Building Code as follows:

BUILDING/USE PERMITS

Fence, Porch, Signs, Decks, etc.	\$25.00 (200 sq. feet or less without electricity)
Accessory Building or similar structure	\$50.00 (more than 200 sq. feet, includes pool)
Addition/alteration to existing structure, including Home Occupations or Professional Office	\$50.00
Mobile Home	\$50.00 (New placement in park or replacement of existing)
Single Family, Duplex Dwellings	
• Up to 4000 square feet	\$150.00
• 4001 square feet and above	\$250.00
Multi-family Dwellings and Commercial Buildings	
• Under 1500 square feet	\$150.00
• 1501 - 6000 square feet	\$400.00
• Over 6001 square feet	\$600.00
Use Permit (Permit issued after ZBA's approval of Special Permit or Use Variance)	\$35.00
Demolition Permit	\$25.00
Certificate of Occupancy	\$25.00
Fee for Certificate of Occupancy Search or Predate letter	\$25.00

With regard to the fees imposed for inspections mandated by the New York State Uniform Fire Prevention and Building Code, the Building Inspector will collect a Building Permit/Use Permit Fee which will consist of the base application permit fee, plus inspection fees of \$25.00 (single family/duplex/agricultural) or \$50.00 (commercial/multi-family) for each inspection to be performed on a particular application. Applicants will be charged a re-inspection fee for each failed inspection after the first failed inspection.

The following additional fees are hereby adopted:

APPLICATION FEES FOR THE CLERMONT PLANNING BOARD

Minor Subdivision (up to four (4) lots)	\$125.00/additional lot
Major Subdivision	\$200.00/additional lot
Lot Line/Boundary Lot Line Change	\$100.00

Site Plan Reviews:

Residential	\$75.00
Commercial or Subdivisions	\$200.00

Zoning Board of Appeals Application Fee:

Interpretation or Variance Application	\$75.00
Special Use Permit Application	\$100.00

Engineering/Attorney Costs

Basic escrow at the time of application	\$500.00
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(May be subject to increase upon review by the Town Attorney, Engineer and at the

Planning Board and/or Zoning Board of Appeals discretion, to cover review costs, pursuant to an executed escrow agreement)

RECREATION FEES

Minor Subdivision applications	\$400.00/additional lot
Major Subdivision applications	\$400.00/additional lot
Planned Unit Development	\$400.00/unit
Accessory Apartment	\$400.00
Conversion of Single Family to Two Family	\$400.00
Conversion of Single Family to Multi-Family	\$400.00/additional unit
Two Family, Multi-Family or	\$400.00/unit*
Townhouse/Condominium	

* First unit is exempted if evidence of payment of recreation fee at time of subdivision is presented with special use permit application.

Copy of Zoning Ordinance	\$25.00
Copy of Subdivision Regulations	\$25.00
Copy of Master Plan	\$25.00
Copy of Highway Specifications	\$25.00
Driveway Permits	\$25.00

TOWN OF CLERMONT
1795 ROUTE 9
GERMANTOWN, NEW YORK 12526

Dear Sir:

The location of your farm operation has been identified to be within 500 feet of a proposed project in an agricultural district. You have the right to give comment about the project effecting your farm operation. Enclosed is a copy of the Agricultural Data Statement.

*****STATE LAW*****

In accordance with Section 283-a of the New York State Town Law, the Town of Clermont will use the data in this statement to assist in evaluating the impact of proposed development projects on farm operations in Agricultural Use Districts.

Effective changes to NYS Agriculture & Markets Law, now require submission of an "Agricultural Data Statement" by an applicant for a special use permit, site plan approval, use variance or subdivision, which is on property in an agricultural district or is within 500 feet of a farm operation located in an agricultural district.

TOWN OF CLERMONT
AGRICULTURAL DATA STATEMENT REVIEW

REVIEWING BOARD:

(Check One)

- TOWN BOARD: Town meeting on the first Monday of every month:
Next meeting _____
- PLANNING BOARD: Meeting on the second Wednesday of every month:
Next meeting _____
- ZONING BOARD OF APPEALS: Meeting on the fourth Wednesday of every month:
Next meeting _____

_____ Date: _____
Name of Official Completing Form

Other Comments: _____

TOWN OF CLERMONT
AGRICULTURAL DATA STATEMENT REVIEW

NAME _____
MAILING _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

LOCATION OF SITE _____

TAX NUMBER OF SITE _____

ZONE DISTRICT (RA) (LDR) (H) (RJC) (RLB) (RLB/3) (FAO) (PID) (PUD)

COMMENT _____

AUTHORIZED REPRESENTATIVE _____

*****REVIEW*****

In accordance with Section 283-a of the New York State Town Law, the Town of Clermont will use the data in this statement to assist in evaluating the impacts of proposed development projects on farm operations in Agricultural Use Districts.

Effective changes to NYS Agriculture & Markets Law now require submission of an "Agricultural Data Statement" by an applicant for a special use permit, site plan approval, use variance or subdivision, which is on property in an agricultural district or is within five hundred (500) feet of a farm operation located in an agricultural district.

A. Description of the proposed project _____

B. Number of Total Acres involved with Project _____

C. Number of Total Acres presently in Tax Account _____

D. Is any portion of the subject site currently being farmed? () Yes () No
If so, how much _____ Acres.

E. Identify who is farming the project site _____

F. Does this person () Own () Rent the land?

G. Does this project site benefit from an agricultural assessment () Yes () No

H. Date of original assessment approval _____

I. If project is rented and agriculturally assessed, the Date and Length of the Lease
Date _____ Length _____

J. The slope of this site is _____. This information may be obtained from Columbia County Soil Conservation Service.

K. Indicate what the intentions are for use of the remainder of the property _____

L. Who will maintain the remainder of the property not being used for this project?

M. Other Project Information:
Please include information about the existing land cover of the site, any known impacts on existing storm water drainage (including field tiles) or other significant plant materials. _____

N. Identify farm operations within five hundred (500) feet _____

O. Fee or certified letters to farm operations _____

P. Identify how the project may effect a farm operation
 Positive Effect Negative Effect No Effect

Q. Identify the site of this application: _____

