ZONING BOARD OF APPEALS APPLICATION

Please submit a completed Zoning Board of Appeals application to be put on the next available agenda.

1. Copy of your denial letter when applying for a building permit or a referral letter from the planning board. (Building Inspectors letter)

2. Names and addresses of all property owners within 500 feet of the applicant’s property to notify the surrounding neighbors of the public hearing.
   *This information can be obtained at the assessor’s office for $100 fee.*

3. Ten current, certified surveys showing the property in question. Any proposed additions must be drawn to scale and dimensioned.

4. Filing fee upon submission:
   a. Vacant Land - $300
   b. Single/Two Family Dwelling - $250
   c. Commercial/Three Family Dwelling - $400

5. Narrative summary: Any details that help the zoning board judge your case

6. You will be provided with posters giving notice of Public Hearing, which shall be posted and visible from the street along the frontage of the plot affected by said application. (Not to be posted on utility poles.)

7. For a use variance, a short form environmental assessment form is to be submitted

8. Please return to this office at least one day prior to public hearing, affidavits of notification, and posting.
TO: Director of Planning and Zoning Administrator

RE: Application of ________________________________

☐ Planning Board
☐ Zoning Board of Appeals
☐ Other ________________________________

I wish that all correspondence, meeting notices, decisions, etc. from your office relative to the above application send to:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Telephone Number _____________________________________________________

Email Address _________________________________________________________

Applicants Signature ____________________________________________________

NOTE TO APPLICANT: It will be the responsibility of the one person designated on this from to notify all interested parties (i.e. attorney, architect, engineer, surveyor, owner, applicant, etc.)
ZONING BOARD OF APPEALS APPLICATION

Appellant: ______________________________ Address: ______________________________

Owner: ________________________________ Address: ________________________________

Appellants Phone Number: ______________________________

APPEAL IS HEREBY TAKEN AND APPLICATIONS MADE FOR:

Please place a check and/or give explanation of appeal (see below):

Variance from the requirement Section: ____________________________________________________

Special permit per the requirements of Section: _____________________________________________

Review of an administrative decision to the Building Inspector: ______________________________

An order to issue a Certificate of Occupancy or Building Permit: ____________________________

An interpretation of the Zoning Ordinance or Map: _________________________________________

Certification of an existing non-conforming structure or use: _________________________________

TO PERMIT THE CONSTRUCTION, MAINTENANCE AND USE OF:

Current Use: __________________________________________________________________________

Proposed Use: _________________________________________________________________________

Section/Lot: __________________________________________________________________________

Zone: __________________  Address: ______________________________________________

Premises affected are situated on the _______ side of _______________________________________

approximately _________ ft _________ from the intersection of ________________

If this property has been before the Zoning Board of Appeals, please five the name of the applicant, case
number, and date: _____________________________________________________________________

Specify, if applicable, if this property is within 500 feet of a State/County Park, State/County Road,
Parkway, Village, Town/County Boundary, or County Owned land :________________________________
NOTICE TO BUILDING INSPECTOR OF APPEAL TO ZONING BOARD OF APPEALS:

In the matter of the petition of:

Name: ____________________________________________________

Address: ____________________________________________________

Section/Lot: ____________________________________________________

Attention of Mr. Ian Smith, Building Inspector:

This is to give notice that ___________________________________________ has appealed to the Town of Ramapo, County of Rockland, NY, from your decision order dated ____________________ (letter of denial)

If referred by the Planning Board, please attach the letter of referral.

Disapproving/approving application for the alteration, erection, maintenance or use of a
(description of proposed use)
____________________________________________________________________________
____________________________________________________________________________

The following reasons(s) on which the appeal is based on:
____________________________________________________________________________
____________________________________________________________________________

Dated: ________________________________ Signature: ______________________________
AFFIDAVIT OF APPELANT

State of New York
County of Rockland SS.
Town of Ramapo

I hereby depose and say that all the above statements and the statements contained in papers submitted here within are true.

Appellant: _______________________________

Mailing Address: _______________________________

Affirmed to before me this _______ day of _____________

_________________________________________
Notary Public
County of Rockland

AFFIDAVIT OF OWNERSHIP

State of New York
County of Rockland SS.
Town of Ramapo

__________________________________________ being duly sworn, deposes and says that he resides at __________________________ in ______________________, in the county of ______________________, that he is the owner in fee of all that certain lot, piece, or parcel of land situated, lying and being in the Town of Ramapo aforesaid and designated as Lot No _________________ in Section No _________________ of the Town of Ramapo Tax Map and that he herby authorizes in his behalf and that the statements of fact contained in said application are true.

Owner: _______________________________

Mailing Address: _______________________________

Affirmed to before me this _______ day of _____________

_________________________________________
Notary Public
County of Rockland
AFFIDAVIT PURSUANT TO SECTION 809 OF THE GENERAL MUNICIPAL LAW

State of New York  
County of Rockland  SS.  
Town of Ramapo  

I ___________________________________________________________________________________
being duly sworn, hereby depose and say that all the following statements and the statements
contained in the papers submitted herewith are true and that the nature and extent of any interest set
forth are disclosed to the extent that they are known to the applicant.

1.  Print or type full name and Post Office Address
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
certifies that he is the owner or agent of all that certain lot, piece or parcel of land and/or
building described in this application, and if not the owner that he has been duly and properly
authorized to make this application and to assume responsibility for the owner in connection
with this application for the relief below set forth:

2.  To the ________________________________ of the Town of Ramapo, New York:

Application, petition or request is hereby submitted for:

Variance, or modification from the requirement of Section_______________________________

Special Permit per the requirements of Section _________________________________

☐ Review and Approval of proposed subdivision plat
☐ Exemption from a plat or official map
☐ An order to issue a certificate, Permit, or License
☐ An amendment to the Zoning Ordinance Maps or change thereof
☐ Other (explain) ____________________________________________________________
☐ Permit the construction, maintenance and use of

______________________________________________________________________________
______________________________________________________________________________

3. Premises affected are in a _____________(zone) and from the Ramapo Tax Map the property is
known as Section _____, Lot ____________

4. There is no state officer, Rockland County Officer, or employee or Town of Ramapo Officer or
Employee nor his or her spouse, brother, sister, parent, child, or grandchild, or a spouse of any
of those relatives who is the applicant or who has an interest in the person, partnership, or
association making this application, petition, or request, or is an officer, director, partner, or
employee of the applicant or that such officer or employee, if this applicant is a corporation,
legally or beneficially owns or controls any stock is listed on the New York or American Stock Exchanges, or is a member or partner of the applicant, if the applicant is an association or a partnership, nor that such Town officer or employee nor any member of his family in any of the foregoing classes is a party to an agreement with the applicant, express or implied whereby such officer or employee may receive in payment or other benefit whether or not for services rendered which is dependent or contingent upon the favorable approval of this application petition or request.

5. That to the extent that the same is known to your applicant, and to the owner of the subject premises there is disclosed herewith the interest of the following officer or employee of the State of New York or the County of Rockland or of the Town of Ramapo in the petition, request or application or in the property or subject matter to which it relates.

   a. Name and Address of officer or employee: ________________________________
   b. Nature of interest: ____________________________________________________
   c. If stockholder, number of shares: _____________________________
   d. If officer or partner, nature of office and name of partnership: ________________
   e. If a spouse, brother, sister, parent, child, or grandchild, or a spouse of any of those blood relatives of such State, County, or Town of Ramapo officer or employee, state name and address of such relative and nature of relationship to officer and employee and nature and extent of office, interest or participation in the ownership or in any business entity sharing in such ownership.
   f. IN THE EVENT OF CORPORATE OWNERSHIP: A list of all directors, officers, and stockholders of each corporation owning more than five (5%) percent of any class of stock, must be attached, if any of these are officers or employees of the State of New York, or of the County of Rockland, or of the Town of Ramapo.

I, ________________________________ do hereby depose and say that the above statements and statements contained in the papers submitted herewith are true, knowing, that a person who knowingly and intentionally violates this section is guilty of a misdemeanor.

______________________________
Mailing Address: ________________________________

Sworn to before me this _____ day of ____________

______________________________
Notary Public
County of Rockland
State of New York  
County of Rockland  
SS:

_______________________________ being duly sworn deposes and says that they are the applicant, agent, or attorney for the applicant, in the matter of the petition before the Town of Ramapo Zoning Board affecting property located at ___________________________________________ Town of Ramapo, Rockland County, New York.

The following are all of the owners of the property within 500 feet from the premises as to which this appeal is being taken:

Please attach the list you receive from the assessor’s office:

Affirmed to before me this ______ day of ______________

________________________________________
Notary Public
County of Rockland

Petitioner’s Signature: ____________________________