

Zoning Board of Appeals
Application Use Variance or Area Variance

APPLICATION PROCEDURES

The **purpose** of the variance procedure is to provide an applicant the opportunity to argue that the strict application of Chapter 149 on a proposed use or project would result in **practical difficulty** or **unnecessary hardships** inconsistent with the general purpose and objectives of the Zoning Chapter of the Town Code. There are two types of variances:

1. **Area Variance:** A variance to provide relief from the dimensional standards of Zoning District as listed in the Schedule of Regulations in Chapter 149 (Zoning).
2. **Use Variance:** A variance to allow a use that is prohibited (not listed) in the Zoning District Schedule of Regulations in Chapter 149 (Zoning).

The **general procedures** for both an area variance and a use variance are as follows:

1. Submit **10 paper copies** and an **electronic** copy of the appropriate variance application form and related documents to the Town Building Department, on behalf of the Zoning Board of Appeals. The electronic copy may be submitted on a flash drive or emailed to biclerk@townofmoreau.org. NOTE: The application will not be scheduled on the Zoning Board of Appeals agenda until all paper and electronic copies have been received by the Town Building Department.
2. The applicant must attend a public hearing held by the Zoning Board of Appeals within **thirty-five (35) days** of the receipt of the completed application.
3. The applicant shall receive a **Notice of Decision** on the requested variance within **thirty-five (35) days** of the public hearing. The Zoning Board of Appeals may **approve, approve with conditions, or deny** the variance. Under §149-57, the Zoning Board of Appeals may impose conditions to protect the best interest of the surrounding properties, the neighborhood and the Town as a whole.
4. Upon receipt of the Notice of Decision, the applicant shall undertake the proposed action or project for which the variance was approved within **six (6) months** of receiving a decision from the Zoning Board of Appeals. The Zoning Board of Appeals may increase this period from six months to **one (1) year** at its discretion.

GUIDE FOR COMPLETION OF AN AREA VARIANCE

This guide is intended to provide a brief instruction for preparing and filing an **area variance** application to the Town of Moreau Zoning Board of Appeals. The authorization, applicability, requirements, and procedure for an area variance by the Town of Moreau Zoning Board of Appeals are dictated under Article X, Chapter 149, Zoning of the Town Code.

No guarantee of approval is implied if the guide is followed, nor is the denial implied by not following the guide. In all cases, the applicant should review the regulations listed in Chapter 149, Zoning of the Town Code which is available at the Town Clerk's office or online through a link at the bottom of the Town webpage at townofmoreau.org.

APPLICATION INSTRUCTIONS

Submit **10 paper copies** (original and 9 copies) of this application and any related or supporting information to the Zoning Board of Appeals to the Building Department of the Town of Moreau at:

351 Reynolds Road
Moreau, NY 12828

The Building Department hours of operation are Monday through Friday, 8:30am to 4:00pm.

An **electronic** copy of the application is also required and may be emailed to the Building Department Clerk at bi clerk@townofmoreau.org or submitted on a flash drive. NOTE: The application will not be scheduled on the Zoning Board of Appeals agenda until all paper and electronic copies have been received by the Town Building Department.

TOWN OF MOREAU
NEW YORK

351 REYNOLDS ROAD • MOREAU, NY

APPLICATION FOR AREA VARIANCE

FOR INTERNAL USE ONLY	
APPLICANT: _____	APPEAL #: _____
_____	ZONING DISTRICT: _____
_____	DATE SUBMITTED: _____
	DATE ACCEPTED: _____
	HEARING DATE: _____
<input type="checkbox"/> SEQR Type 1 <input type="checkbox"/> SEQR Type 2 <input type="checkbox"/> Unlisted	

APPLICANT INFORMATION:

- Applicant(s):** Nancy Wilson
Street Address: 1667 Route 9
City, State, Zip: South Glens Falls, NY 12803
Telephone #: 518-955-7451 Fax #: _____
E-mail Address: nana.wilson3@gmail.com
- Agent:** _____
Street Address: _____
City, State, Zip: _____
Telephone #: _____ Fax #: _____
E-mail Address: _____
- Owner:** Nancy Wilson
Street Address: 1667 Route 9
City, State, Zip: South Glens Falls, NY 12803
Telephone #: 518-955-7451 Fax #: _____
E-mail Address: nana.wilson3@gmail.com

RELATIONSHIP TO THE PROPERTY:

OWNER: Yes No LESSEE: Yes No AGENT: Yes No

If an agent, please attach an Agent Authorization Form.

GENERAL PROJECT INFORMATION:

ADDRESS: 1667 R+9 S.G.F TAX MAP #: 49.75-1-2
 CURRENT USE: Home ZONING DISTRICT: C1
 LENGTH OF TIME OF USE: Full Time PROPOSED USE: CAR PORT
 RELIEF SOUGHT: 2 FT ON side SETBACK

AREA VARIANCE REQUEST:

	Required Dimension	Proposed Dimension	Difference	%
Front Yard Setback		100'		
Side Yard Setback	15'	13'		
Rear Yard Setback		27'		
Lot Area				

GENERAL DESCRIPTION OF THE ACTION FOR WHICH AN AREA VARIANCE IS SOUGHT:

TO CONSTRUCT A 12x20 ROOF CANOPY

CRITERIA: An area variance may be granted only in the event that **ALL five (5)** of the circumstances listed in § 179-59A are specifically found to exist by the Zoning Board of Appeals and are each so stated in the findings.

- (1) That the strict application of said dimensional requirements would result in a specified practical difficulty to the applicant.
- (2) How substantial the requested variance is in relation to the requirements.
- (3) That the difficulty cannot be alleviated by some practical method feasible for the applicant to pursue.
- (4) That there will be no substantial change in the character of the neighborhood or a detriment to the adjoining properties.

- (5) That the variance would not be materially detrimental to the purpose of this chapter or to property in the district in which the property is located or otherwise conflict with the description or purpose of the district or the objectives of any plan or policy of the town and that the variance requested is the minimum variance which would alleviate the specific practical difficulty found by the Zoning Board of Appeals to affect the applicant.

Please describe how your circumstance meets ALL five ⁵ (5) criteria (please attach additional pages as necessary):

I am in need of a carport placed next to my home so the snow won't pile up on my car. I have had both shoulders replaced, both hips replaced and my lower back fused. I am 74 years old and it has become very difficult for me to keep my car cleared off after a snow storm. This area is the closest to my covered front porch. I only need a foot or two of variance to have this carport. The property next to this area is woods and owned by John Weber. This is in the back of my property so I don't think it will be even noticed from the front on Route 9.

CHECKLIST OF VARIANCE APPLICATION COMPLETENESS:

As per §149-57 of the Zoning Chapter of the Town Code, the following information shall be supplied by the applicant with any variance application:

Please complete the checklist of required application elements:

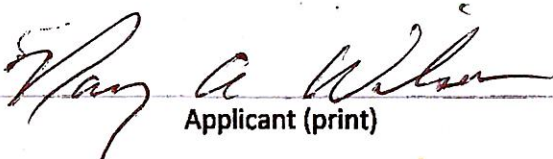
- 1. Map of the property with a scaled site plan and/or elevations necessary to show the proposed project for which the variance is sought.
- 2. Complete narrative response addressing each of the criteria as specified in this application.
- 3. Financial documentation demonstrating the reasonableness of financial return on the property.
- 4. Completed and signed Part 1 of the appropriate Environmental Assessment Form. Paper copies are available at the Building Department in Town Hall or electronically at <https://www.dec.ny.gov/permits/6191.html>
- 5. Additional information requested by the Zoning Board of Appeals.

Please return the original application, with all four pages intact, along with ten (10) paper copies and an electronic copy, including required information and documentation. The electronic copy may be submitted on a flash drive or emailed to biclerk@townofmoreau.org

NOTE: The application will not be scheduled on the Zoning Board of Appeals agenda until all paper and electronic copies have been received by the Town Building Department.

Also note that the information to be provided is not limited to the space on this form. If additional space is needed, please use separate sheets and indicate the enclosure number or page number for the attached sheets in the related space provided on this application.

Signature


Applicant (print)

Nancy A. Wilson
Applicant (sign)

06/01/2026
Date

X
1667 Route 9, South Glens
Falls, NY 12803-5555, US
43.27477, -73.64829

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