

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:

1. Applicant(s): Jeffrey + Terri-Jo Nicholson  
Street Address: 202 Bluebird Road  
City, State, Zip: South Glens Falls, NY 12803  
Telephone #: 518-926-0264 Fax #: \_\_\_\_\_  
E-mail Address: trophyhunt50@gmail.com
2. Agent: Same  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_
3. Owner: Same  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

RELATIONSHIP TO THE PROPERTY:

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

If an agent, please attach an Agent Authorization Form.

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**GENERAL PROJECT INFORMATION:**

ADDRESS: 202 Bluebird Road TAX MAP #: 50-2-19.2  
 CURRENT USE: Single family ZONING DISTRICT: \_\_\_\_\_  
 LENGTH OF TIME OF USE: permanent PROPOSED USE: 2 family dwelling  
 RELIEF SOUGHT: lot area, side yard setback

**AREA VARIANCE REQUEST:**

	Required Dimension	Proposed Dimension	Difference	%
Front Yard Setback	_____	_____	_____	_____
Side Yard Setback	<u>15'</u>	<u>10'</u>	<u>5'</u>	_____
Rear Yard Setback	_____	_____	_____	_____
Lot Area	<u>1.00 Acres</u>	<u>0.96 Acres</u>	<u>0.04 Acres</u>	_____

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

I am looking to build a 2 family dwelling/garage on 0.96 Acres when one Acre is required, also with a 10' setback in side yard instead of 15'.

**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.

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(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) criteria (please attach additional pages as necessary):

*see attached paperwork*

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**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](mailto: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

Jeffrey Nicholson  
Applicant (print)

Jeff Nicholson  
Applicant (sign)

7/11/24  
Date