

Town of Ulster Zoning Board of Appeals

584 E. Chester St. Bypass
Kingston, NY 12401
Phone: 845-340-3883
Email: planningzoning@townofulster.ny.gov



Application for an Area Variance

To request an *Area Variance* complete the following application and submit it to the Zoning Enforcement Officer together with the requisite fee.

Applicant's Name: _____

Mailing Address: _____

Owner of Record: _____

Location of Premises: _____

Telephone #: _____

Email Address: _____

Tax Map #: _____ Zoning District: _____

Reason for Appeal: _____

If requesting a setback variance, please complete the following:

Require Setback: Front _____ Rear: _____ Side: _____ Side: _____

Proposed Setback: Front _____ Rear: _____ Side: _____ Side: _____

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1. Can the desired result be achieved by some means other than granting a variance?
Yes ___ No ___ If the answer is no, please explain.

2. Is the variance requested substantial? Explain:

3. Will the proposed area variance have an adverse effect on the physical or environmental conditions in the neighborhood or zoning district? Explain:

4. Was the difficulty that you have with the area requirements of the law created by something you did? Explain:

5. The granting of the variance will not produce an undesirable change in the character of the neighborhood or be a detriment to nearby properties because:

Applicant's Signature

Date

Appeal # _____