

TOWN OF CONCORD
86 Franklin Street, PO Box 368
Springville, NY 14141
Phone: (716) 592-4948
Fax: (716) 592-0123

**NOTICE TO APPEAL
APPLICATION TO BOARD OF APPEALS**

Appeals # _____

TO THE ZONING BOARD OF APPEALS, Town of Concord, New York.

I, _____ (name of Appellant), of _____ (location),
New York, hereby appeal to the Zoning Board of Appeals from the decision of the
Building Inspector on Application for Building or Occupancy Permit No. _____, dated
_____, whereby the Building Inspector did

() GRANT () DENY

TO: _____
Name of Applicant from Permit

OF: _____
Address

- () A PERMIT TO BUILD
() A PERMIT FOR OCCUPANCY AND USE

(1) LOCATION OF PROPERTY: _____

(2) PROVISIONS OF THE ZONING ORDINANCE APPEALED (indicate section,
subsection and paragraph of Ordinance being appealed).

(3) TYPE OF APPEAL:

- () Approval of Board of Appeals for special permit as required by Ordinance.
() Request for temporary permit.
() Variance to the Zoning Ordinance.

(4) DETAIL REASON FOR APPEAL:

(5) IF THIS APPEAL IS FOR A **USE VARIANCE** TO THE ZONING ORDINANCE, THE FOLLOWING SHOULD BE ANSWERED:

(1) How does the Concord Zoning Code deprive you of ALL economic use of or benefit from the property? Give specific financial evidence.

(2) In what way is the alleged hardship **UNIQUE** (does not exist elsewhere in your neighborhood)?

(3) Explain why or how the requested variance, if granted, will not alter the essential character of the neighborhood.

(4) What caused the alleged hardship? Did you cause it?

(6) IF THIS APPEAL IS FOR AN **AREA VARIANCE** TO THE ZONING ORDINANCE, THE FOLLOWING SHOULD BE ANSWERED:

(1) Explain why or how the proposed variance, if granted, will not undesirably change (a) the character, (b) the physical, (c) the environmental conditions of the neighborhood or be a detriment to nearby property owners.

(2) Explain why the benefit sought by this application cannot be achieved in any way other than by a variance.

(3) What caused the problem?

*Draw a map showing street, building and property measurements.

*Submit the application fee in the amount of \$500.00, payable to the Concord Town Clerk.

Signature and Date

Fee Paid: _____

Date Filed with Town Clerk: _____

Approval:

Signature of Zoning Board Chairman _____

Dated: _____

REQUIREMENTS FOR APPEALS APPLICATION

1. Applicant has filed a building permit application with the Code Enforcement Officer and it was denied OR applicant would like a clarification of the Concord Zoning Code.
2. Applicant is told to contact the Zoning Board of Appeals Chairman. Please contact the Town Clerk at (716) 592-4948 to obtain the contact information of the Chairman.
3. If an appeal is to be filed, the application is filled out and all required paperwork is submitted to the Town Clerk with the \$500.00 fee.
4. If applicable, copies of application will be forwarded to the Town Attorney for his review. Within 3 days, the attorney will submit his recommendation to the Zoning Board of Appeals Chairman.
5. The Zoning Board Chairman will schedule a date with his Board for a Public Hearing on said appeal. The Town Clerk will advertise said hearing date and notify residents within 500 feet of the property location listed on the appeals application, as well as applicant.
6. After the Public Hearing is held, the Zoning Board will make their decision. Notification will be sent to the applicant.

Revised 6/2018