

Town of York – Board of Appeals
APPLICATION for "General" VARIANCE

MAP _____ LOT _____ ZONE _____

APPLICANT'S
 NAME _____
 ADDRESS _____
 PHONE NUMBER _____
 OWNER'S
 NAME _____
 ADDRESS _____
 PHONE NUMBER _____

If you will be represented by an attorney or other individual, you MUST complete the authorization below.

Has this map and lot previously been before the Board of Appeals? ___ Yes ___ No Reason: _____

This property is fronting on a ___ private way, ___ public road, ___ other. If other, explain: _____

Street Address of property: _____

Lot Size (Existing): _____ Lot Size (Proposed): _____ Existing Building(s) dimensions: _____

DIMENSIONS:	Front Setback /	Side Setback /	Rear Setback /	Height /	Lot Coverage /	Lot Frontage
Existing:	_____	_____	_____	_____	_____	_____
Proposed:	_____	_____	_____	_____	_____	_____
Allowed per Ordinance:	_____	_____	_____	_____	_____	_____

APPLICABLE ORDINANCE SECTION(S): _____

JUSTIFICATION OF VARIANCE CRITERIA "A" THROUGH "D"
MUST BE COMPLETED ON REVERSE

BEFORE YOUR APPLICATION IS COMPLETE, THE FOLLOWING MUST BE FURNISHED:

- A. Copy of Deed(s)
- B. Copy of Permit Application
- C. Letter of Decision from appropriate body
- D. GIS printout AND Class D (Mortgage) Survey
- E. Any licenses and / or permits
- F. Minutes from prior Committee/Board hearing
- G. Diagram of lot showing location of proposed / existing building including building dimensions and distances from lot lines and any natural or topographic peculiarities of the lot or any alteration of the lot in question.
- H. The fee to accompany this application is \$100. Checks made payable to the Town of York. In addition, fifteen (15) copies of the completed application shall accompany the check. Applications will only be accepted when accompanied by the required fee and all required copies.

I certify the information contained in this application and its supplement(s) is true and correct.

 Date Applicant(s)' Signature

Note: Please be aware that an on-site inspection may be conducted on your property by members of the Board of Appeals.

AUTHORIZATION FOR ATTORNEY OR PERSONAL REPRESENTATIVE

I/we hereby authorize the following named individual(s) to present my/our application to the Board of Appeals and to act on my/our behalf on all matters before the Board that may affect my/our interests:

NAME _____ OF (Firm) _____

ADDRESS _____ PHONE NUMBER _____

APPLICANT(S)' SIGNATURE _____

JUSTIFICATION OF VARIANCE: The appellant must demonstrate to the Board of Appeals that the strict application of the terms of the Zoning Ordinance would cause undue hardship for a variance to be granted. The following four criteria must be met before the Board of Appeals can find that a hardship exists. Please explain how your situation meets each of the criteria listed below.

A. The land in question cannot yield a reasonable return unless the variance is granted.

B. The need for a variance is due to the unique circumstances of the property and not to the general conditions in the neighborhood.

C. The granting of a variance will not alter the essential character of the locality.

D. The hardship is not the result of action taken by the appellant or a prior owner.

NOTE: If your variance request is denied, you may take an appeal within 45 days of the vote on the original decision of the Board to Superior Court. If your request is granted, it must be filed with the York County Registry of Deeds within 90 days of the vote of the Board to grant the variance. A variance not filed within 90 days shall expire.

SEND COMPLETED APPLICATION TO:

**York Board of Appeals
186 York Street
York, Maine 03909**

Date Received _____

Received By _____