

TOWN OF SPRINGFIELD, NEW YORK

ZONING BOARD OF APPEALS

ZBA REQUEST / APPLICATION FORM

Town of Springfield • P.O. Box 176 • Springfield Center, NY 13468 • (315) 858-2186
Land Use / ZBA Contact: townplanning@springfieldny.org

IMPORTANT: This form is intended to organize information for a request to the Zoning Board of Appeals. The applicant is responsible for providing all information, plans, documents, fees, and notices required by the Town's current zoning law and applicable New York State requirements. The ZBA or Zoning Enforcement Officer may request additional information.

1. APPLICANT INFORMATION

Applicant Name:	_____
Mailing Address:	_____
City / State / ZIP:	_____
Telephone:	_____
Email:	_____

If applicant is an agent, contractor, attorney, or other representative, complete the authorization section below.

2. PROPERTY INFORMATION

Property Address / Location:	_____	_____	_____
Tax Parcel ID:	_____	Zoning District:	_____
Property Owner(s):	_____	_____	_____
Owner Mailing Address:	_____	_____	_____

3. TYPE OF REQUEST

☐ Area Variance	☐ Use Variance	☐ Appeal of Zoning/Administrative Decision
☐ Interpretation of Zoning Law	☐ Other: _____	

Describe the request in one or two sentences:

_____	_____
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4. ZONING REQUIREMENT / RELIEF REQUESTED

Zoning Law Section / Provision:	_____
Current Requirement:	_____
Relief Requested:	_____
Proposed Condition / Measurement:	_____

For example: required setback, lot area, lot width, building height, parking requirement, permitted use, or other zoning standard.

5. PROJECT / PROPERTY DESCRIPTION

Existing Use of Property:	_____
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Existing Buildings / Structures:	_____
Proposed Use / Improvement:	_____
Approx. Building Size / Height:	_____
Relevant Setbacks / Lot Dimensions:	_____

6. REASON FOR REQUEST

Please explain the circumstances supporting the request. Attach additional pages if needed.

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7. AREA VARIANCE INFORMATION

If an area variance is requested, provide the following information. Attach a separate statement if more space is needed.

1.	Describe the requested variance and why it is necessary:
2.	Describe any practical difficulties or site-specific conditions affecting the property:
3.	Explain how the proposal can be accommodated while considering neighborhood character and nearby properties:
4.	Describe alternatives considered and why they are not feasible or practical:

8. USE VARIANCE INFORMATION

Complete this section only if a use variance is requested. Provide a detailed written statement and any supporting financial or property evidence required by the current zoning law.

Proposed Use:	_____
Reason the permitted uses do not reasonably meet the property's circumstances:	
Supporting documentation attached:	☐ Yes ☐ No

9. APPEAL / INTERPRETATION INFORMATION

If this is an appeal or request for interpretation, attach the decision, determination, notice, or other document being appealed or interpreted.

Date of decision / determination:	_____
Official / officer issuing decision:	_____

Briefly state the decision or question to be reviewed:	
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10. REQUIRED / SUPPORTING MATERIALS CHECKLIST

☐ Site plan / survey / sketch showing property lines and relevant dimensions
☐ Building plans, drawings, elevations, photographs, or other project materials
☐ Copy of deed or other documentation establishing ownership/interest, if requested
☐ Owner authorization / endorsement, if applicant is not the property owner
☐ Written statement explaining the request
☐ Applicable NYS SEQR / environmental review materials, if required
☐ Copy of zoning determination, denial, or notice, if this is an appeal
☐ Other: _____

11. OWNER AUTHORIZATION

I certify that I am the owner of the property identified above, or that I am authorized by the owner to submit this request. I authorize the Zoning Board of Appeals, Zoning Enforcement Officer, and authorized Town representatives to review the application and, when appropriate, conduct a site inspection related to this request.

Owner Name:	_____		
Owner Signature:	_____	Date:	_____
Applicant Signature:	_____	Date:	_____
Agent / Representative (if any):	_____		

12. APPLICANT CERTIFICATION

I certify that the information contained in this application and all accompanying materials is true and complete to the best of my knowledge. I understand that the Zoning Board of Appeals may request additional information and that submission of this application does not guarantee approval. I understand that the application may be subject to public notice, a public hearing, SEQR review, referral requirements, and other procedures required by law.

Applicant Signature:	_____	Date:	_____
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13. FOR ZBA / TOWN USE ONLY

Date Received:	_____	Application No.:	_____
Fee Received:	☐ Yes ☐ No Amount: \$ _____	Receipt No.:	_____
ZEO Review:	☐ Complete ☐ Additional information needed	Date:	_____
Public Hearing Date:	_____	Time:	_____
SEQR / Referral:	☐ Required ☐ Not required ☐ Pending	Status:	_____
ZBA Action:	☐ Approved ☐ Approved with conditions ☐ Denied ☐ Other	Date:	_____
Resolution / Minutes Reference:	_____		

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Form prepared as an administrative template. Verify current filing requirements, fees, deadlines, notice requirements, and zoning-law citations before adoption.