



TOWN OF PLATTEKILL

ZONING BOARD of APPEALS

1915 Route 44/55, P.O. Box 45
Modena, New York, 12548

Chairman, Larry Lindenauer
Secretary, Elizabeth Ackerly
Ph. (845) 883-7331 ext. 18
PlattekillPlan@yahoo.com

FOR OFFICE USE ONLY

File #: _____ Rec. Fee: \$ _____ Check #: _____ Receipt #: _____ Date: _____ Next Mtg.: _____ Clerk Initials: _____

Zoning Board of Appeals applications will be scheduled within a week of submission for the next available meeting. Meetings are held every second and fourth **Thursday** of the month at 7:00 p.m. Applications will not be accepted without due fees or necessary project materials. Checks can be payable to *The Town of Plattekill* in the amount of \$400.00 and is **non-refundable**. Please send all required submission materials, maps, and project plans to PlattekillPlan@yahoo.com

OWNER / APPLICANT INFORMATION:

Property Owner Name: _____

Telephone Number: _____

E-Mail Address: _____

(If different from Owner)

Applicant Name (or Company): _____

Telephone Number: _____

E-Mail Address: _____

Letter of Authorization Attached *(required if applicant is not the property owner; must be notarized)*

PROPERTY INFORMATION:

Property Address: _____

Town/City: _____ Zone: _____ SBL# _____

Total Property Acreage: _____ Property Frontage Length: _____

Existing easements or restrictions: None Yes: _____

APPLICATION FOR: *(please describe)*

Variance: _____

Area Variance: _____

Use Variance: _____

Appeal of Zoning Enforcement officer: _____

Interpretation: _____

DESCRIPTION OF AND REASONING BEHIND REQUESTED VARIANCE(S):

If there have ever been any Zoning Board Appeals and/or actions taken regarding this property prior to this application, please describe below:

APPLICANT CERTIFICATION:

I certify that all information and materials submitted with this application are true and accurate to the best of my knowledge, and I understand that any misrepresentation may result in denial, revocation, or modification of approval. I acknowledge that any approval may be subject to conditions imposed by the Town of Plattekill Zoning Board of Appeals in accordance with applicable law, and I agree to pay all required application fees in regards to this application. These fee obligations shall survive approval, denial, withdrawal, or expiration of the application, and no approvals, permits, or certificates shall be issued until all fees are paid in full.

Signature: _____

Print Name: _____

Date: _____



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LETTER OF AUTHORIZATION / LIMITED POWER OF ATTORNEY

I, the undersigned owner of the property identified below, hereby authorize the individual or firm named herein to act as my authorized representative and primary point of contact for the referenced Zoning Board of Appeals application before the Town of Plattekill.

Property & Application Information

Property Address: _____ Tax Map (SBL) No.: _____

Application Type (check one): Variance Area Variance Use Variance Appeal Interpretation

Authorized Representative

Name: _____ Company / Firm: _____

Mailing Address: _____

Phone: _____ Email: _____

Scope of Authorization

The above-named representative is authorized to act on my behalf in matters directly related to this Planning Board application, including but not limited to submitting application materials, plans, reports, and revisions; receiving and responding to correspondence and technical review comments; and appearing at Planning Board meetings and public hearings.

Owner / Applicant Certification

Owner / Applicant Name (print): _____

Signature: _____ Date: _____

Notary Acknowledgment

State of New York)
County of _____) ss.:

On the _____ day of _____, 20_____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is / are subscribed to the within instrument and acknowledged execution of the same, and that by signature on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Notary Public Signature: _____ Date: _____

Printed Name: _____

Commission Expires: _____