

Town of Bethel
Zoning Board of Appeals

PO Box 300
White Lake, NY 12786
845-583-4649 Ext 15
845-583-4710 Fax

REQUEST FOR HEARING

Applicant or representative must be present at hearing

Date: _____ Bethel Tax Map #: _____

Owners Name: _____ Applicants Name: _____

Owners Address: _____ Applicants Address: _____

Phone: _____ Phone: _____

Location: _____

(Street Name and Number)

What Zoning District is the parcel located in? _____

Is this property within 500 feet of any: _____ State Park _____ Parkway _____ Cty Rd _____ AG District

Reason for requested hearing: (check one of the following)

_____ **Administrative Appeal:** the appeal of an administrative official's decision.

_____ **Use Variance:** authorization by the Zoning Board of Appeals for the use of land for a purpose which is otherwise not allowed or is prohibited by the applicable zoning regulations.

_____ **Area Variance:** authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by the dimensional or physical requirements of the applicable zoning regulations.

Has this case ever been presented to the Board before? Yes _____ No _____

If yes, give date and decision of the Board: _____

Signature of Owner: _____ Date: _____

Signature of Applicant (if other than owner): _____

The applicant is responsible for all fees incurred by the Consultant and/or Engineer for their review. These fees must be paid as billed and received before the next meeting you wish to attend. All fees are payable whether a project receives approval, denial, or is cancelled and is non-refundable.

Building Dept. Use Only:

Fee: \$150 Paid: _____

ZBA Meeting: _____ Owner's Proxy: _____