

TOWN OF CLAY

ZONING BOARD OF APPEALS – Interpretation Application Instructions:

The Board meets at 7:30 P.M. on the 2nd Monday of each month. See the ZBA calendar for meeting dates and application submittal deadlines. (available on the Town of Clay website townofclay.org)

File the **one (1) Original Zoning Board of Appeals Application** with the **Commissioner of Planning and Development, Town of Clay, 4401 State Route 31, NY 13041.**

ATTACH the following to the ORIGINAL application:

- Payment of the \$200.00 administrative fee must accompany the filing of this Interpretation.

Applicant will be notified by mail at least five (5) days prior to the public hearing date. In the event of default by the applicants to appear for the hearing, the Board may either proceed with the hearing and vote on the case, or adjourn the case to a later date.

IMPORTANT: Failure to submit all the above information and answer all pertinent questions may result in an **incomplete** application and delay in processing the appeal and possibly a denial.

ONLY IF there is any additional information or revisions not previously submitted, provide **SEVEN (7) copies the night of the public hearing.**

***Please read
instructions!!
Incomplete
applications will
NOT be
processed.***



Case # _____ Tax Map # _____ or Townwide: yes / no

ZONING BOARD OF APPEALS
Interpretation

NAME OF APPLICANT (Principal contact): _____
Mailing Address _____
Email _____ **Phone** _____

ADDRESS OF SUBJECT PROPERTY: _____

PROPERTY OWNER (owner of record, if not applicant) _____
Mailing Address _____ **Phone** _____

PERSON/FIRM REPRESENTING APPLICANT _____
 (architect, engineer, attorney, etc.)
Mailing Address _____
Email _____ **Phone** _____

ZONING DISTRICT WHERE PROPERTY IS LOCATED: _____
CURRENT USE OF PROPERTY: _____
LENGTH OF TIME SO USED: _____ Months/Years (circle one)

INTERPRETATION of Section _____ of the Town of Clay Zoning Code to allow:

Dated: _____, 20_____ _____ (Individual Signature) (or) _____ (Entity Name) By: _____ (Officer) (Title)
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TOWN OF CLAY

DISCLOSURE AFFIDAVIT

This affidavit is a part of and must be completed and attached to every application, petition, request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit.

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:
_____ OF _____)

I. _____, being duly sworn, deposes and says that (s)he is:

(applicant, petitioner, corporation officer, property owner, etc.)

II. That deponent has read and is familiar with the provisions of the General Municipal Law, Section 809 which states:

- A. Every application, petition or request submitted for a variance, amendment, change of zoning, approval of a plat, exemption from a plat or official map, license or permit, pursuant to the provisions or any ordinance, local law, rule or regulation constituting the zoning and planning regulations of a municipality shall state the name, residence and the nature and extent of the interest of any state officer or any officer or employee of such municipality is a part, in the person, partnership or association making such application, petition or request (hereinafter called the applicant) to the extent known to such applicant.
- B. For the purpose of this action an officer or employee shall be deemed to have an interest in the applicant when (s)he, his/her spouse, or their brothers, sisters, parents, children, grandchildren, or the spouse of any of them:
 - 1) is the applicant, or
 - 2) is an officer, director, partner or employee of the applicant, or
 - 3) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association applicant, or
 - 4) is a party to an agreement with such an applicant, express or implied, whereby (s)he may receive any payment or other benefit, whether or not for services rendered, or contingent upon the favorable approval of such application, petition or request.
- C. Ownership of less than five percent (5%) of the stock of a corporation whose stock is listed on the New York or American Stock Exchanges shall not constitute an interest for the purposes of this section.

D. A person who knowingly and intentionally violates this section shall be guilty of a misdemeanor.

III. That no Town of Clay officer, employee or a relative of either, as defined in Section 809 General Municipal Law has any interest in this application.

-OR-

If a Town of Clay officer, employee or relative of either as defined in Section 809 General Municipal law has any interest in this application, the full particulars are provided on an attached sheet.

Date: _____, 20____.	
_____	_____
(Individual Signature)	(Print Name)

(Entity Name)	
_____	_____
By (Officer)	(Title)

(Mailing address of applicant)	
_____	_____
(Telephone Number)	(Fax Number)

Date: _____, 20____.	
_____	_____
(Individual Signature)	(Print Name)

(Entity Name)	
_____	_____
By (Officer)	(Title)

(Mailing address of applicant)	
_____	_____
(Telephone Number)	(Fax Number)

ACKNOWLEDGEMENTS

STATE OF NEW YORK)
) SS:
COUNTY OF ONONDAGA)

On this _____ day of _____ in the year **20**____, before me, the undersigned, a notary public in and for said state, personally appeared _____, _____, and _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within Petition and acknowledged to me that he/she/they executed the same in her capacity, and that by his/her/their signature(s) on the Petition, the individual or the persons upon behalf of which the individual acted executed the instrument.

Notary Public
Revised