

# Town of Brunswick

## Zoning Board of Appeals

336 Town Office Road

Troy, New York 12180

Phone (518) 279-3461 Fax (518) 279-4352

[www.townofbrunswick.org](http://www.townofbrunswick.org)

Dear Proposed Applicant:

Applications to the Brunswick Zoning Board of Appeals include appeals from a decision of the Town of Brunswick Building Department or application for a special use permit. An appeal from a decision of the Brunswick Building Department will request that a variance be granted.

### **(A) Variance**

If you elect to appeal the decision of the Town of Brunswick Building Department denying your application for a building and/or zoning permit and request that a variance be granted, you are required to do the following:

1. Complete and file an appeal using the form provided to you by the Building Department;
2. Provide the required number of copies of a plot plan of your premises showing the location of the improvements anticipated to be made and all setbacks;
3. Pay the required fee;
4. Appear at the scheduled hearing before the Zoning Board of Appeals and present evidence sufficient to satisfy the requirements of Section 12(3) of the Brunswick Zoning Ordinance and Section 267-b of the Town Law of the State of New York.

There are two types of variances. One is an area variance, which means an authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by dimensional or physical requirements of applicable zoning regulations. The other is a use variance, which means an 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. As an applicant, it is your obligation to present written and oral testimony and to call such witnesses as you may deem necessary in order to satisfy the Zoning Board of Appeals that criteria for the type of variance you have applied for are met.

Since a request for a variance is a quasi-legal proceeding, you may want to consider, although it is not necessary, obtaining an attorney, engineer and/or consultant to assist you in the process.

**(B) Special Use Permit**

If you request that a special use permit be granted, you are required to do the following:

1. Complete and file an application using the form provided to you by the Building Department;
2. Provide the required number of copies of a plot plan of your premises showing the location of the improvements anticipated to be made and all setbacks;
3. Pay the required fee;
4. Appear at the scheduled hearing before the Zoning Board of Appeals and present evidence sufficient to satisfy the requirements of Section 7 of the Brunswick Zoning Ordinance and Section 274-b of the Town Law of the State of New York.

As an applicant, it is your obligation to present written and oral testimony and to call such witnesses as you may deem necessary in order to satisfy the Zoning Board of Appeals that criteria for granting a special use permit are met.

Very truly yours,

Town of Brunswick Zoning Board of Appeals

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### PLEASE READ BEFORE COMPLETING FORMS

#### INFORMATION AND PROCEDURES FOR VARIANCE AND SPECIAL USE PERMIT

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**NOTE: IF THE FOLLOWING INSTRUCTIONS ARE NOT COMPLIED WITH,  
YOUR PAPERWORK FOR A VARIANCE OR SPECIAL USE PERMIT CANNOT BE PROCESSED.**

**ALL FORMS MUST BE PRINTED NEATLY IN BLACK INK OR TYPEWRITTEN FOR LEGIBILITY.  
ATTACHMENTS CAN BE DONE AND MUST CONTAIN ADDRESS, INCLUDING ZIP CODE.**

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1. Submit complete **DISAPPROVED** Zoning Permit Application.
2. Complete and return one **signed original** "Application for a Variance and/or Special Use Permit."
3. Complete and return one **signed original** "Environmental Assessment Form".
4. Submit 7 **copies of plot plan** showing all dimensions of buildings, yard (front, side and rear setbacks of building(s) (proposed and existing)), lot size, and streets.
5. Submit application fee to process application. The fee is not refundable.  
**Make check payable to the Town of Brunswick Building Department.**
6. The Zoning Board of Appeals holds public hearings on the 3<sup>rd</sup> **Monday of the month at 6 P.M. in the Brunswick Town Hall, 336 Town Office Road, Troy.**

#### APPLICANT **MUST** APPEAR AT THE PUBLIC HEARING.

**If you are going to submit anything to the ZBA at the hearing, 7 copies will be required.**

7. **Please note:** If a variance is granted for a residential application, a Building and Zoning Permit **must be obtained before any work is started.**

**If a variance or special use permit is granted for a subdivision or site plan, you must resubmit a building permit application for approval based on the Zoning Board's decision and obtain **final approval from the Town of Brunswick Planning Board and a Building and Zoning Permit must be obtained before any work is started.****

**"SUCH APPEAL SHALL BE TAKEN WITHIN SIXTY DAYS AFTER THE FILING IN THE TOWN CLERK'S OFFICE OF ANY ORDER, REQUIREMENT, DECISION, INTERPRETATION OR DETERMINATION OF THE ADMINISTRATIVE OFFICIAL CHARGED WITH THE ENFORCEMENT OF SUCH ORDINANCE OR LOCAL LAW, FROM WHICH THE APPEAL IS TAKEN." (NEW YORK STATE TOWN LAW §267.a(5)).**

Town of Brunswick  
Zoning Board of Appeals  
336 Town Office Road, Troy, New York 12180

**Application for a Variance and/or  
Special Use Permit**

Application Number _____
Date Application Received _____
Hearing Scheduled Date _____
Application Fee _____
Approved Date _____ Conditions (y/n) _____
Denial Date _____ Withdrawn Date _____
Zoning Chairperson _____

**General Information**

Applicant: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Company: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Applicant is: Owner \_\_\_ Builder \_\_\_ Lessee \_\_\_ Architect/Engineer \_\_\_ Agent \_\_\_ Other \_\_\_  
If Other, Explain: \_\_\_\_\_

**Lot Information**

Street Address of Lot \_\_\_\_\_  
Parcel ID Number \_\_\_\_\_ Zoning District \_\_\_\_\_  
Irregular Shape of Lot (Y or N) \_\_\_\_\_ Corner Lot (Y or N) \_\_\_\_\_  
Existing: Lot Area \_\_\_\_\_ Frontage \_\_\_\_\_ Depth \_\_\_\_\_  
Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_  
Proposed: Lot Area \_\_\_\_\_ Frontage \_\_\_\_\_ Depth \_\_\_\_\_  
Setbacks: Front \_\_\_\_\_ Rear \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_  
Type of Water Service: \_\_\_\_\_ Type of Sanitary Disposal \_\_\_\_\_

Describe Existing  
Use: \_\_\_\_\_  
\_\_\_\_\_

Type of Request: \_\_\_\_\_ Area Variance \_\_\_\_\_ Use Variance  
\_\_\_\_\_ Special Permit

Briefly describe the proposal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Abutters-Adjacent Property Owners**

List the name and address for each adjacent property owners. Use additional paper if needed.

Name:	Address:	Property Use
Front		
Rear		
Left		
Right		

**Required Submittals**

- \_\_\_\_\_ A plot plan showing all dimensions of buildings, yard (front, side and rear setbacks of building(s) (proposed and existing)), lot size, and streets.
- \_\_\_\_\_ Part 1 of the State Environmental Quality Review Act (SEQRA) Short Environmental Assessment Form
- \_\_\_\_\_ Application fee

**NOTE: Additional submittals may be required by the Zoning Board of Appeals. Failure to submit all required documents may result in a delay in the processing or denial of the application.**

*Have there been any other variances issued for this property? (y or n) \_\_\_\_\_*  
*If yes explain: \_\_\_\_\_*

**For any Area Variance Request, please complete the following:**

Proposed use / construction: \_\_\_\_\_  
(single family home, commercial building, addition, deck, pool, accessory building, sign, fence, etc)

	<b>REQUIRED</b>	<b>PROPOSED</b>
Lot Size:		
Width at set back:		
Front Setback:		
Rear Setback:		
Left Side Setback:		
Right Side Setback:		
Maximum Lot Coverage:		
Maximum Height:		

**For Multi-family Residential / Non-Residential Area Variances, please complete the following:**

	<b>REQUIRED</b>	<b>PROPOSED</b>
Number of Parking Spaces:		
Buffer:		
Units per Acre:		

**Area Variance Continued**

1. Explain how no undesirable change will be produced in the character of the neighborhood; nor a detriment to nearby properties created by granting the Area Variance.

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2. Explain why the benefit sought by the applicant cannot be achieved by some method, feasible for the applicant to pursue, other than an Area Variance.

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3. Describe whether the requested Area Variance is substantial.

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4. Explain how the proposed Area Variance will not have an adverse effect on the physical or environmental conditions in the neighborhood or district.

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5. Explain whether the difficulty is self-created. (Consideration is relevant, but shall not necessarily preclude the granting of the Area Variance)

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**For Use Variance Applications, please complete the following:**

Describe the requested use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Explain why the applicant cannot realize a reasonable return from the property without the Use Variance, as demonstrated by competent financial evidence.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Explain how the alleged hardship relating to the property is unique, and does not apply to a substantial portion of the district or neighborhood.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe why granting the requested Use Variance will not alter the essential character of the neighborhood.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Explain whether the alleged hardship has been self-created.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Special Use Permit Applications, please complete the following:**

Describe the requested use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. Explain why the proposed Special Use is reasonably necessary for the public health or general interest or welfare.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Explain how the proposed Special Use is appropriately located with respect to transportation facilities, water supply, fire and police protection, waste disposal and other similar facilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Explain how the proposed Special Use provides adequate parking spaces to handle expected public attendance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Explain how the proposed Special Use provides reasonable safeguards for neighborhood character and surrounding property values.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Explain why granting the requested Special Use will not cause undue traffic congestion or create a traffic hazard.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Explain how the application for the Special Use Permit complies with standards prescribed in Town of Brunswick Zoning Ordinance for \_\_\_\_\_.  
(use)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Explain whether the applicant for the Special Use Permit has also applied for all other necessary permits and/or approvals from other governmental authorities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification and Authorization**

**I certify that the information contained in this application is true to the best of my knowledge and I authorize the Town of Brunswick to process this application as provided by law.**

**I also authorize the Town of Brunswick Building Department and Zoning Board of Appeals to enter the property that is the subject of this application for the purpose of inspection and consideration of the application documents.**

Applicant:

Property Owner

Name: \_\_\_\_\_

Signature \_\_\_\_\_

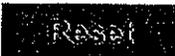
Date \_\_\_\_\_

**Appendix C**  
**State Environmental Quality Review**  
**SHORT ENVIRONMENTAL ASSESSMENT FORM**  
**For UNLISTED ACTIONS Only**

**PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: Municipality _____ County _____	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY:	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres      Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No    If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p style="text-align: center;">I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</p> Applicant/sponsor name: _____ Date: _____ Signature: _____	

**If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment**



**PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)**

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4?  Yes  No If yes, coordinate the review process and use the FULL EAF.

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.  Yes  No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?  Yes  No If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?  Yes  No If Yes, explain briefly:

**PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)**

**INSTRUCTIONS:** For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

- Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.
- Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.

\_\_\_\_\_  
Name of Lead Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name of Responsible Officer in Lead Agency

\_\_\_\_\_  
Title of Responsible Officer

\_\_\_\_\_  
Signature of Responsible Officer in Lead Agency

\_\_\_\_\_  
Signature of Preparer (If different from responsible officer)

