



VILLAGE OF SAUGERTIES  
43 PARTITION ST.  
SAUGERTIES NY 12477  
PH. (845) 246-2321 FAX (845-246-0887)

APPLICATION FOR VARIANCE TO ZONING LAW

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS OF APPLICANT: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

Map No. \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Present Zoning District: \_\_\_\_\_

REQUESTED CHANGE OR VARIANCE:

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

Specific provisions from which a variance is sought: \_\_\_\_\_

Special circumstances justifying such variance: \_\_\_\_\_

\_\_\_\_\_

Interpretation or Ruling which is desired: \_\_\_\_\_

\_\_\_\_\_

FEE: VARIANCE \$150.00

DATE PAID \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Village of Saugerties

LETTER OF AGENT

I, \_\_\_\_\_, am the owner of the property located at \_\_\_\_\_, Village of Saugerties, New York, identified as Tax Map SBL# \_\_\_\_\_.

I hereby authorize \_\_\_\_\_ to act as my agent in an application to the:

Check all that apply:

\_\_\_\_ Village of Saugerties Planning Board.

\_\_\_\_ Village of Saugerties Zoning Board of Appeals.

For \_\_\_\_\_

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Short Environmental Assessment Form

## Part 1 - Project Information

### Instructions for Completing

**Part 1 - Project Information.** The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

<b>Part 1 - Project and Sponsor Information</b>				
Name of Action or Project:				
Project Location (describe, and attach a location map):				
Brief Description of Proposed Action:				
Name of Applicant or Sponsor:		Telephone:		
		E-Mail:		
Address:				
City/PO:		State:	Zip Code:	
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			NO <input type="checkbox"/>	YES <input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres				
b. Total acreage to be physically disturbed? _____ acres				
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres				
4. Check all land uses that occur on, adjoining and near the proposed action.				
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)				
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____				
<input type="checkbox"/> Parkland				



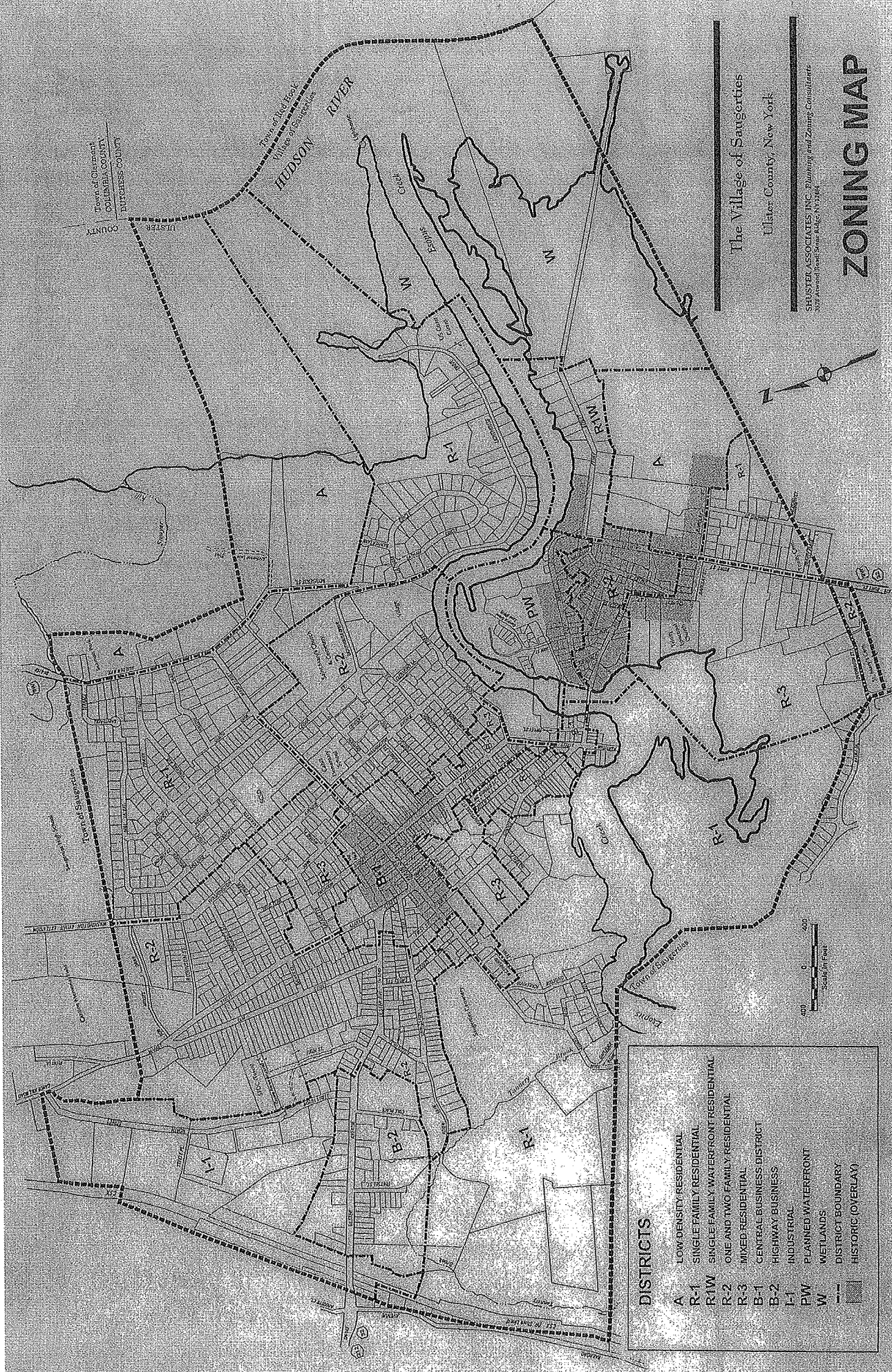
<p>18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)?          If Yes, explain purpose and size: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p>20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?          If Yes, describe: _____          _____          _____</p>	<p><b>NO</b></p> <p><input type="checkbox"/></p>	<p><b>YES</b></p> <p><input type="checkbox"/></p>
<p><b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b></p> <p>Applicant/sponsor name: _____ Date: _____</p> <p>Signature: _____</p>		

# ZONING MAP

The Village of Saugerties

Ulster County, New York

SHUSTER ASSOCIATES INC. Planning and Zoning Consultants  
302 Avenue Road, Suite 200, Saugerties, NY 12556



DISTRICTS	
A	LOW DENSITY RESIDENTIAL
R-1	SINGLE FAMILY RESIDENTIAL
R-1W	SINGLE FAMILY WATERFRONT RESIDENTIAL
R-2	ONE AND TWO FAMILY RESIDENTIAL
R-3	MIXED RESIDENTIAL
B-1	CENTRAL BUSINESS DISTRICT
B-2	HIGHWAY BUSINESS
L-1	INDUSTRIAL
PW	PLANNED WATERFRONT
W	WETLANDS
- - -	DISTRICT BOUNDARY
[Hatched Box]	HISTORIC (OVERLAY)



# VILLAGE of SAUGERTIES



Main-Partition  
National Register  
Historic District

South Side  
Historic District