

# Town of Clifton Park

## Zoning Board of Appeals

One Town Hall Plaza | Clifton Park, New York 12065 | (518) 371-6702 | FAX: (518) 383-2668  
Building & Development building@cliftonpark.org



### SIGN VARIANCE APPLICATIONS

- (1) An appeal to the Zoning Board of Appeals for administrative review or variance shall be made to the Zoning Enforcement Officer. The Zoning Enforcement Officer shall forthwith transmit to the Board of Appeals all papers constituting the record upon which the action appealed from was taken.
- (2) The Application
  - **ALL attached forms must be completed.**
  - **SIGN variance applications must include copies of the sign application denial.**
  - A. The first page of the variance application packet is similar to a building permit application that will, as part of the variance process, be denied. The reason for the denial will be determined and noted by the Zoning Enforcement Officer and the packets will then be forwarded to the Zoning Board of Appeals.
  - B. The applicant shall provide **THIRTEEN (13) SEPARATE COLLATED PACKETS**, each containing completed copies of ALL FORMS in this application packet, along with plot plans or site plans, and any accompanying documentation or narrative.
- (3) Prior to taking action on an application, the Zoning Board shall refer all applications for properties which fall under Section 239-m of the General Municipal Law to the County Planning Board for a determination. Generally, these would involve properties within 500 feet of a town boundary, a county or state park or other recreational area, thruway or other controlled-access highway or right-of-way, or any county- or state-owned land in which a public building or institution is situated. **Applicants should be aware that the County Planning Board meets once a month and this may cause a delay in scheduling the application for the Zoning Board agenda.**
- (4) When the application is placed on the Zoning Board agenda, the **Secretary of the Zoning Board** will notify the applicant of the date and time.
- (5) FEES: Payable at time of submission --
  - \$ 150.00 residential applications
  - \$ 300.00 commercial applications

Town of Clifton Park  
Department of Building and Development  
One Town Hall Plaza  
Clifton Park, NY 12065  
518-371-6702 Fax: 383-2668  
building@cliftonpark.org



PERMIT No \_\_\_\_\_

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

**APPLICATION FOR PERMIT REQUIRING REVIEW BY ZONING BOARD OF APPEALS**

APPLICATION IS HEREBY MADE to the Building Department for the issuance of a Building Permit and Zoning Permit pursuant to the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions or alterations, or for removal or demolition, as herein described.

Applicant's Name \_\_\_\_\_

Address: \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ or \_\_\_\_\_

Property Location \_\_\_\_\_

EXISTING Use \_\_\_\_\_

EXISTING Zoning Classification \_\_\_\_\_

Lot Size \_\_\_\_\_ Area \_\_\_\_\_

EXISTING Building Size \_\_\_\_\_

**CURRENT**

Frontage \_\_\_\_\_ Ft

Front Yard Depth \_\_\_\_\_ Ft

Right Side Yard Width \_\_\_\_\_ Ft

Left Side Yard Width \_\_\_\_\_ Ft

Rear Yard Depth \_\_\_\_\_ Ft

Building Height \_\_\_\_\_ Ft \_\_\_\_\_ Stories

Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ or \_\_\_\_\_

Sec \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

INTENDED Use/Describe \_\_\_\_\_

**INTENDED**

Frontage \_\_\_\_\_ Ft

Front Yard Depth \_\_\_\_\_ Ft

Right Side Yard Width \_\_\_\_\_ Ft

Left Side Yard Width \_\_\_\_\_ Ft

Rear Yard Depth \_\_\_\_\_ Ft

Building Height \_\_\_\_\_ Ft \_\_\_\_\_ Stories

ADJACENT PROPERTY OWNER NAMES (not addresses): **Failure to provide names will result in unnecessary delay**

North \_\_\_\_\_

South \_\_\_\_\_

East \_\_\_\_\_

West \_\_\_\_\_

PROJECT DESCRIPTION (Briefly describe the proposal): \_\_\_\_\_

FEE: \_\_\_\_\_ payable to Town of Clifton Park  \_\_\_\_\_

Signature of Owner, Applicant or Agent

Clearly Print Name of Owner, Applicant or Agent: \_\_\_\_\_

(To be completed by Agency)

This application is hereby disapproved and forwarded to the Zoning Board of Appeals for the reason(s) cited below:

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

Dated: \_\_\_\_\_

\_\_\_\_\_

Zoning Enforcement Officer



Town of Clifton Park  
Department of Building and Development  
One Town Hall Plaza  
Clifton Park, NY 12065

Phone 518-371-6702  
Fax 518-383-2668

## SIGN PERMIT VARIANCE

| APPLICANT FOR SIGN    | PROPERTY OWNER        |
|-----------------------|-----------------------|
| Name: _____           | Name: _____           |
| Address: _____        | Address: _____        |
| City/State/Zip: _____ | City/State/Zip: _____ |
| Phone: _____          | Phone: _____          |

ALL ABOVE FIELDS MUST BE COMPLETED

BUSINESS NAME: \_\_\_\_\_

BUSINESS LOCATION/ADDRESS \_\_\_\_\_

THIS APPLICATION IS FOR A: \_\_\_\_\_ New Sign \_\_\_\_\_ Modification to Existing Sign

TYPE OF SIGN \_\_\_\_\_ Freestanding \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Height \_\_\_\_\_ Ft. Yd. \_\_\_\_\_ Side Yd. \_\_\_\_\_ R. Yd.  
\_\_\_\_\_ Wall \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Height  
\_\_\_\_\_ Other \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Height \_\_\_\_\_ Ft. Yd. \_\_\_\_\_ Side Yd. \_\_\_\_\_ R. Yd.  
Describe Other: \_\_\_\_\_

PROPOSED SIGN MESSAGE: \_\_\_\_\_

IDENTIFY TYPES AND LOCATIONS OF EXISTING SIGNS: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Clearly Print Name \_\_\_\_\_

### FOR OFFICIAL USE ONLY

Zoning District \_\_\_\_\_ Function \_\_\_\_\_ Chart \_\_\_\_\_ Allowable area (sq. ft.) of sign per sign law \_\_\_\_\_ Sq. Ft.

#### CONSTRUCTION OF SIGN AUTHORIZED

#### CONSTRUCTION OF SIGN NOT AUTHORIZED

Assigned Permit Number \_\_\_\_\_

Reason Denied: \_\_\_\_\_

Square Footage Authorized: \_\_\_\_\_ Height: \_\_\_\_\_

Setbacks Authorized \_\_\_\_\_ Ft. Yd. \_\_\_\_\_ Side Yd. \_\_\_\_\_ R. Yd.

Conditions: \_\_\_\_\_

Date Applicant Notified of Disapproval: \_\_\_\_\_

Approved By: \_\_\_\_\_

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

Town of Clifton Park  
Department of Building and Development  
One Town Hall Plaza  
Clifton Park, NY 12065  
518-371-6702 Fax 383-2668  
building@cliftonpark.org



PERMIT No. \_\_\_\_\_

Date \_\_\_\_\_

**SIGN VARIANCE APPLICATION**

1. PERMIT No. \_\_\_\_\_ Property Location: \_\_\_\_\_  
Assigned by Building Dept. Street Address Date

2. Project Description (Briefly describe the proposal)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. **SIGN VARIANCE** (NOTE—In making its determination, the Zoning Board of Appeals will have to consider the benefit conferred if the application is granted, and then weigh that benefit against any detriment to the health, safety and welfare of the neighborhood or community by such grant. In making its determination, the Zoning Board of Appeals will weigh the factors you describe in this section (A through E below). The application requires the Board to take into consideration the benefit to be conferred to you, the applicant, and to weigh that benefit against the detriment to the health, safety and welfare of the neighborhood. Explain, using the five factors below, why the benefit to you will not be outweighed by the detriment to the community or neighborhood: (If more space is needed, please attach extra sheets to this form)

A. Whether an undesirable change will be produced in the character of the neighborhood or a detriment to nearby properties will be created by the granting of the sign variance;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than a sign variance;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Whether the requested sign variance is substantial;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Whether the alleged difficulty was self-created. (Note, this consideration shall be relevant to the decision of the Zoning Board of Appeals but shall not necessarily preclude the granting of the sign variance.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGN VARIANCE APPLICATION**

Continued

4. The board of appeals, in the granting of sign variances, shall grant the minimum variance that it shall deem necessary and adequate and at the same time preserve and protect the character of the neighborhood and the health, safety and welfare of the community.
- 

5. **APPLICANT CERTIFICATION**

I hereby depose and say that all of the above statements and the statements contained in the attached submission are true to the best of my knowledge and belief.

\_\_\_\_\_  
Clearly Print Applicant's Name

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
Notary Public Signature

**617.20**  
**Appendix B**  
**Short Environmental Assessment Form**

**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?<br>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. |  |             | <b>NO</b>                | <b>YES</b>               |
|  |  |             | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the proposed action require a permit, approval or funding from any other governmental Agency?<br>If Yes, list agency(s) name and permit or approval:   |  |             | <b>NO</b>                | <b>YES</b>               |
|  |  |             | <input type="checkbox"/> | <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  |  |             |                          |                          |



|  |                          |                          |
|--|--------------------------|--------------------------|
| 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)?<br>If Yes, explain purpose and size: _____<br>_____ | NO                       | YES                      |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?<br>If Yes, describe: _____<br>_____   | NO                       | YES                      |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?<br>If Yes, describe: _____<br>_____   | NO                       | YES                      |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE</b>   |                          |                          |
| Applicant/sponsor name: _____  |                          | Date: _____              |
| Signature: _____   |                          |                          |

**Part 2 - Impact Assessment. The Lead Agency is responsible for the completion of Part 2.** Answer all of the following questions in Part 2 using the information contained in Part 1 and other materials submitted by the project sponsor or otherwise available to the reviewer. When answering the questions the reviewer should be guided by the concept "Have my responses been reasonable considering the scale and context of the proposed action?"

|  | No, or small impact may occur | Moderate to large impact may occur |
|--|-------------------------------|------------------------------------|
| 1. Will the proposed action create a material conflict with an adopted land use plan or zoning regulations?  | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 2. Will the proposed action result in a change in the use or intensity of use of land?   | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 3. Will the proposed action impair the character or quality of the existing community?   | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 4. Will the proposed action have an impact on the environmental characteristics that caused the establishment of a Critical Environmental Area (CEA)?                      | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 5. Will the proposed action result in an adverse change in the existing level of traffic or affect existing infrastructure for mass transit, biking or walkway?            | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 6. Will the proposed action cause an increase in the use of energy and it fails to incorporate reasonably available energy conservation or renewable energy opportunities? | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 7. Will the proposed action impact existing:   | <input type="checkbox"/>      | <input type="checkbox"/>           |
| a. public / private water supplies?  | <input type="checkbox"/>      | <input type="checkbox"/>           |
| b. public / private wastewater treatment utilities?  | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 8. Will the proposed action impair the character or quality of important historic, archaeological, architectural or aesthetic resources?                                   | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 9. Will the proposed action result in an adverse change to natural resources (e.g., wetlands, waterbodies, groundwater, air quality, flora and fauna)?                     | <input type="checkbox"/>      | <input type="checkbox"/>           |

|   | No, or small impact may occur | Moderate to large impact may occur |
|---|-------------------------------|------------------------------------|
| 10. Will the proposed action result in an increase in the potential for erosion, flooding or drainage problems? | <input type="checkbox"/>      | <input type="checkbox"/>           |
| 11. Will the proposed action create a hazard to environmental resources or human health?                        | <input type="checkbox"/>      | <input type="checkbox"/>           |

**Part 3 - Determination of significance. The Lead Agency is responsible for the completion of Part 3.** For every question in Part 2 that was answered “moderate to large impact may occur”, or if there is a need to explain why a particular element of the proposed action may or will not result in a significant adverse environmental impact, please complete Part 3. Part 3 should, in sufficient detail, identify the impact, including any measures or design elements that have been included by the project sponsor to avoid or reduce impacts. Part 3 should also explain how the lead agency determined that the impact may or will not be significant. Each potential impact should be assessed considering its setting, probability of occurring, duration, irreversibility, geographic scope and magnitude. Also consider the potential for short-term, long-term and cumulative impacts.

|  |  |
|--|--|
| <input type="checkbox"/>                                 | Check this box if you have determined, based on the information and analysis above, and any supporting documentation, that the proposed action may result in one or more potentially large or significant adverse impacts and an environmental impact statement is required. |
| <input type="checkbox"/>                                 | 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.   |
| _____  | _____  |
| 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)  |

**PRINT**

*Internal Use Only*  
Variance #:  
Description:  
SBL:

### OWNER AUTHORIZATION FOR ZONING VARIANCE REVIEW

The undersigned, who is the owner/contract vendee of the premises known as \_\_\_\_\_  
\_\_\_\_\_, and identified as Tax Map # \_\_\_\_\_,

hereby authorizes \_\_\_\_\_ to bring the application herein  
before the Zoning Board of the Town of Clifton Park for review of a proposed variance approval.

The undersigned further permits the Town or its authorized representative access to the property to  
review existing site conditions during the review process.

STATE OF NEW YORK     )  
COUNTY OF SARATOGA )SS.

On this \_\_\_\_\_ day of \_\_\_\_\_, Two Thousand and \_\_\_\_\_, before me,  
the subscriber, personally appeared \_\_\_\_\_ to me  
personally known and known to me to be the same person described in and who executed the  
within Instrument, and he acknowledged to me that he executed the same.

\_\_\_\_\_  
Owner/Contract Vendee

\_\_\_\_\_  
Notary Public