- 3. Will the requested variance, if granted, alter the essential character of the neighborhood?
- 4. Is the alleged hardship self-created?

Town Of Chester Zoning Board of Appeals 1786 Kings Highway, Chester, New York 10918 Phone: (845) 469-7000, ext. 308 Fax: (845) 469-9242

APPLICATION TO THE ZONING BOARD OF APPEALS

PART I: OWNER INFORMATION -Please type or print below	V DATE:
Property Location: 35 DAVIS HILL RD	
Owner(s) of Record: Full name(s) Center for Pr	ayer & Meditation Inc
Home Phone#: () - Work #: ()342-4774x 26	
Email address: Gulbia @ Miosfetonia Medical,	com
Mailing Address of Owners(s): 35 DAVIS Hill Re	
City, State, Zip Code: CHESTER NY 10	918
PART II: AGENT INFORMATION- If applicable (Please at	tach Owner Authorization letter)
Agent Name:	
Work #: () - Cell #: () -	
Email address:	,
Mailing Address of Agent:	
City, State, Zip Code:	
PART III: ATTORNEY INFORMATION	
Attorney for Applicant: BEN OSTREN	
Mailing Address of Attorney: PoB Jo9	
City, State, Zip Code: CHESTER NY 10918 Pho	one #()845-469-7577
PART IV: APPLICATION DETAILS	
Note: If this application is being made by someone other than	n the owner, the owner must sign the owner
authorization attached to this document.	
Orange County Tax Map Number:	Section/Block/Lot//
Zoning District:	Lot Size
Type of Variance Sought: (check one or more)	
() Area Variance	
() Use Variance	
(
Referred by: Building Inspector - Notice & 1	rolation
3 0	

() Planning Board
() Code Enforcement Officer
State in factual terms the exact manner in which applicant seeks from the Zoning Board of Appeals:
A summary statement of the practical difficulty because of the existing zoning regulations for the subject
premises as follows:
Describe any circumstances supporting this application:
Has a variance or special exception use ever been applied for on this property?
() Yes () No
If yes, indicate the Zoning Board of Appeals date of
decision:
Is the subject property located within 500 feet of any of the following?
(_) State road, park, or other recreational facility
() County Road or right of way

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OWNER AUTHORIZATION

STATE OF NEW YORK

COUNTY OF ORANGE

ZONING BOARD OF APPEALS

OWNERS AUTHORIZATION FOR A SITE VISIT

I (Please print)	
grant permission for members of the Zoning Board of Appeals and/or representatives of sa to make a site visit on my property should they deem it necessary to review my application location is:	
Signed, Date:	

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Interpretation Only

A request for an interpretation is made for the following reason:							
-	Religion	s use Pian	in a residence Approval.	DeEZ	NOT	REQUIRE	
					7700000		
-							

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Area Variance Only

Please answer the following:

Will there be an undesirable change in the character of the neighborhood, or a detriment to nearby properties if this variance is granted?
Can you achieve your goals via a reasonable alternative which does not involve the necessity of an area variance?
Is the variance is substantial?
Will the variance have an adverse impact on physical or environmental conditions in the neighborhood or district?
Is this a self-created difficulty?

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Use Variance Only

Please answer the following:

The applicant cannot realize a reasonable return, provided that the lack of return is substantial as demonstrated by competent financial evidence.
The alleged hardship unique relating to the property in question, and does not apply to a substantial portion of the district or neighborhood.
Will the use variance, if granted, alter the essential character of the neighborhood?
Has the alleged hardship been self-created?