

Established March 7, 1788



ZONING BOARD OF APPEALS
TOWN OF SHAWANGUNK
COUNTY OF ULSTER (P.O. BOX 247)
Wallkill, New York 12589

TELEPHONE (845) 895-3356

FAX (845) 895-2162

Dear

Before presenting this application to the Zoning Board of Appeals, the following information must be submitted to the Code Enforcement Officer.

1. If County review is **required** – the application will require **lead time of two months**.
2. A **complete written description** of the **proposal**. **Must include exact measurement(s) of the variance(s) requested**.
3. The **Section of Code** that the variance is going to be used for.
4. Seven copies of **plot plan** drawn to **scale** showing the **location** and **size** of the **proposed existing structures** and the site **distances** from the property lines, **front, sides** and **rear**. The **location** of the **septic system** and **reserve area** and the **well** (**proposed** or **existing**).
- **A CERTIFIED SURVEY MAY BE REQUIRED - FAILURE TO SUBMIT A SUITABLE PLOT PLAN WILL DELAY YOU GETTING ON THE AGENDA FOR A PUBLIC HEARING.**
5. A **completed Environmental Assessment Form** and/or **County Review**. This form must be filled out by going to the following link and following the steps: <https://gisservices.dec.ny.gov>.
6. A **copy** of the **Deed** and a **copy** of the **Tax Map**.
7. An application fee of **THREE HUNDRED AND FIFTY DOLLARS (\$350.00)** (plus escrow for consultant or legal fees if needed) along with the **COMPLETED APPLICATION FORM** (attached)
8. Four **current photographs** of the **building/buildings involved** taken from the **front, rear** and **side**.
9. Such other information as required by the Zoning Board for their review.
10. Application must be submitted by the **2nd Wednesday** of the month for the **following month's meeting**.
11. Variances will not be issued until all fees are satisfied.
12. **Applicants are responsible for mailing the Public Hearing Notices to all neighboring properties within 500' via certified mail, this is time sensitive (list will be provided and certified mailing receipts are to be returned to the Zoning secretary).**
13. **By signing this application, you are giving the Zoning Board permission for site visits. Please initial here for permission for site visits and return this page:** _____

The Zoning Board Secretary, **Janice Stryker**, may be reached Monday through Friday 9:00 AM-4:00 PM.

Respectfully yours,

Dennis Arluck
ZBA Chairman

Revised 11/20/25

**TOWN OF SHAWANGUNK
BUILDING FIELD REPORT**

NAME: _____ **PHONE:** _____

ADDRESS: _____

SECTION, BLOCK & LOT NUMBER: _____

LOCATION AND DIRECTIONS: _____

*******FOLLOWING TO BE COMPLETED BY BUILDING INSPECTOR*******

PERMIT REQUESTED FOR: _____

ZONING DISTRICT: _____ LOT SIZE: _____

LOT SIZE MEETS ZONING REQUIREMENT: YES _____ NO _____

FRONT, SIDE, REAR SETBACKS MEET REQUIREMENT: YES _____ NO _____

DRIVEWAY PERMIT REQUIRED: YES _____ NO _____

STATE HIGHWAY: _____ COUNTY: _____ TOWN: _____

FLOOD ZONE: YES: _____ NO: _____ MAP #: _____

WETLAND DESIGNATION: _____ MAP #: _____

CRITICAL ENVIRONMENTAL AREA: YES _____ NO _____ RIDGE _____ AQUIFER _____

RECREATIONAL RIVER CORRIDOR: YES _____ NO _____

PERMIT ISSUED: YES _____ NO _____ DATE: _____

REASON FOR DENIAL: _____

INSPECTOR'S COMMENTS: _____

DATE: _____

CODE ENFORCEMENT/ZONING OFFICER

APPLICATION FOR APPEARANCE OR PUBLIC HEARING

DATE: _____

SECTION: _____ BLOCK: _____ LOT: _____

PROPERTY LOCATION: _____ LOT SIZE: _____

FRONTAGE: _____ ZONING DISTRICT: _____

FLOOD PLAIN: _____ NYDEC WETLANDS: _____

CRITICAL ENVIRONMENTAL AREA: _____

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FULL NAME OF APPLICANT: _____ PHONE: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

NAME OF OWNER: _____ PHONE: _____

ACTION REQUESTED: _____

SUBDIVISION NAME AND DATE OF MAP FILING: _____

CONDITIONS AND RESTRICTIONS INDICATED ON MAP: _____

LIST DEED RESTRICTIONS: _____

DETERMINATION OR REVIEW OF ANY BOARD OR AGENCY REGARDING THIS
PROPERTY OR GENERAL AREA:

PRIOR ZBA ACTION: _____

THIS APPLICATION MUST BE COMPLETELY FILLED OUT BY APPLICANT

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF OWNER

DATE

The Environmental Assessment Form **MUST** be filled out by going to the following link and following the steps:

<https://gisservices.dec.ny.gov>

If you do not have access to a computer, see the Zoning Board Secretary.

Town of Shawangunk Planning Board
PO Box 247 14 Central Avenue
Walkill, NY 12589
(845) 895-3356

For Use
Variances Only

Agricultural Data Statement

In accordance with Section 283-a of the New York State Law, The Town of Shawangunk will use this statement to assist in evaluating impacts of proposed actions on agricultural farm operations in agricultural districts.

Name/Address
of Applicant: _____

Description of proposed project: _____

Tax Map Number(s): _____

Lot Size & Location _____

Number of acres involved with the project: _____

Is any portion of the site currently being used for agricultural purposes?

Yes How many acres? _____
Type of agricultural product. _____
Indicate the person or entity farming the land. _____
Is the land owned or rented/leased? (Please check one)

No Indicate the last year used for an agricultural purpose. _____

What are the intentions for the use of the remainder of the land that is not in the proposal?

Who will maintain the remainder of the property not being used for this development?

Other project information – (e.g., existing cover of the site, slopes, any known impacts on existing storm water drainage (including field titles or other significant plant materials).

Indicate any farming operations within 500 ft. of the project site. Include: Tax Map Number(s) and Owner(s) Name: _____

For Town Use Only

Has the Agricultural Data Statement been referred to the County Planning Agency?

Yes Date of Referral: _____ Referral Number: _____

No Reason: _____

Name/Title: _____ Date: _____