

CITY OF SALAMANCA
 BUILDING AND ZONING PERMIT APPLICATION
 HANDICAP RAMPS

Date: _____ Address: _____

Owner's Name: _____ Acct.No.: _____ Permit No.: _____

Address: _____ SBL No.: _____ Appl. No.: _____

Telephone Number: _____ Receipt No. _____

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Questions to answer concerning the construction of the ramp:

- (1) What is the change in elevation, in inches, for the ramp? _____
- (2) What is the length of the ramp? _____
- (3) Piers or Footings: Size: _____ Spacing: _____ (Pier locations must be included on plot plan)
- (4) Joists: Size: _____ Spacing: _____
- (5) How close to the front property line is the ramp? _____ Side Property Line _____ Rear _____

NOTE: PLEASE READ AND INITIAL THE FOLLOWING QUESTIONS:

- (1) Concrete footings must be below the frost line (42"): _____ (initial)
- (2) Footer depth must be approved before covering: _____ (initial)
- (3) Concrete must cure before building begins: _____ (initial)

ALL RAMPS MUST CONFORM TO SECTION 4.8 FROM THE UNIFORM FEDERAL ACCESSIBILITY STANDARDS.

Estimated Project Cost: \$ _____ Total Fee for Permit: \$ _____

Deponent being duly sworn, says that he or she is the owner or authorized agent for which the foregoing work is proposed to be done, that he or she is duly authorized to perform such work, and that all workmen employed on this project are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing state laws and the local Zoning Law and Ordinances. The issuance of a permit shall in no way be deemed to be a determination by the City of Salamanca as the ownership of the improvements of said premises.

Applicants Signature: _____ Date: _____

Sworn to this _____ day of _____, _____

* _____
 Notary Public

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Approved: _____ Disapproved: _____ Date: _____

Zoning/Code Enforcement Officer: _____ Date: _____

If not approved, reason why: _____

CITY OF SALAMANCA
AREA VARIANCE APPLICATION

For Office Use Only
Application # _____ Rec.# _____
Hearing Date/Time: _____

Date: _____

To: The Zoning Board of Appeals

I, _____
(owner/applicant)

I, _____
(applicant, if different from owner) (relationship to owner)

hereby make application to the Zoning Board of Appeals for the City of Salamanca, New York for an Area Variance to permit the premises known as _____

(location)

to vary from the lot area, lot width, yard, height, lot coverage or other dimensional requirement of the Zoning Law.

Detailed description of request: _____

Variance request will vary from the requirement(s) of:

Section _____ SubSection _____ of the Zoning Law.

Section _____ SubSection _____ of the Zoning Law.

In making its determination, the Zoning Board of Appeals shall take into consideration the benefit to the applicant if the variance is granted as weighed against the detriment to the health, safety and welfare of the neighborhood or community by such grant. In making this determination the Board shall also consider:

- (1.) 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 area variance.
- (2.) Whether the benefit sought by the applicant can be achieved by some method, feasible for the applicant to pursue, other than an area variance;
- (3.) Whether the requested area variance is substantial;
- (4.) Whether the proposed variance will have an adverse effect or impact on the physical or environmental conditions in the neighborhood or district; and
- (5.) Whether the alleged difficulty was self-created which consideration shall be relevant to the decision of the Board of Appeals, but shall not necessarily preclude the granting of the area variance.

It is the responsibility of the applicant to present evidence sufficient to satisfy the Zoning Board of Appeals that the benefit does outweigh the detriment to the community or neighborhood.

(owner's signature)

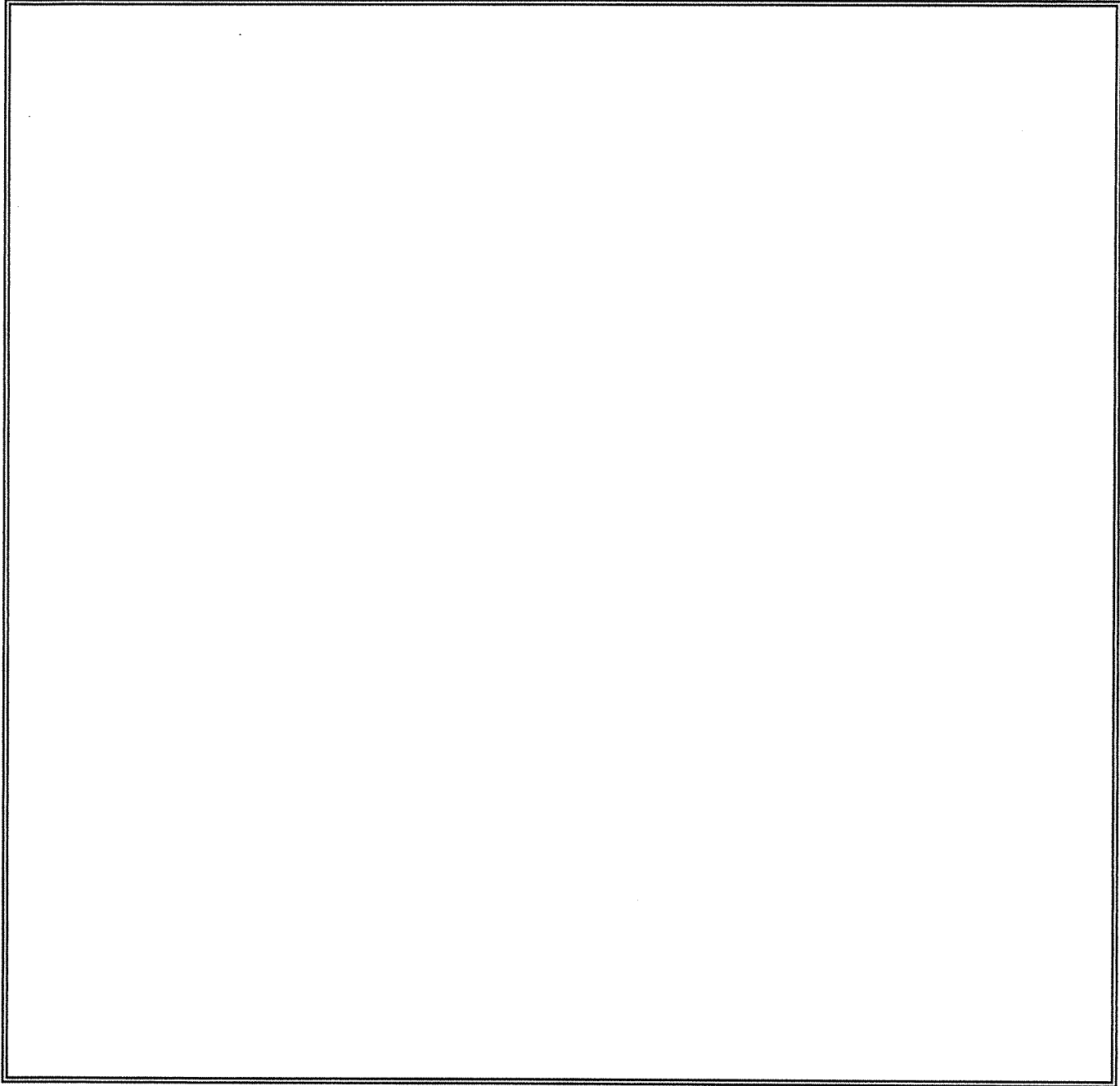
(date)

(applicant's signature)

(date)

PLOT PLAN

SUPPLEMENT 1-25



DRAW IN ALL EXISTING BUILDINGS, DRIVEWAYS, AND PROPOSED PROJECTS

Property Owner's Signature:	Date:
Code Enforcement Officer:	Date: