



**CITY OF RENSSELAER PLANNING AND DEVELOPMENT
AGENCY**

CITY HALL, 62 WASHINGTON STREET RENSSELAER, NEW YORK 12144-2696 Planning (518)
465-1693 Building (518) 462-5489 Fax (518) 465-2031

**City of Rensselaer Zoning Board of Appeals Regular Meeting Monday, February 24 2014
- 6 PM**

AGENDA

Please note that this meeting will take place in CITY HALL at 62 WASHINGTON STREET.

- | | |
|--------------------------------------|-----------------|
| 1. Call to order | 6. Old Business |
| 2. Determination of a quorum | 7. New Business |
| 3. Approval of prior meeting minutes | 8. Next Meeting |
| 4. Stormwater (MS4) update | 9. Adjournment |
| 5. Communications | |

Old Business

None

New Business

1. **37 Partition St.** – Tim Bayly Development: Request for an AREA VARIANCE for relief from impervious surface coverage requirements, in a district zoned MU-1.

City of Rensselaer
Planning and Development Agency
City Hall, 62 Washington Street
Rensselaer, NY 12144
(518) 465-1693 / FAX (518) 465-2031

APPLICATION TO THE ZONING BOARD OF APPEALS

AREA VARIANCE

This application, made on the 23 day of DECEMBER 2013, is an appeal from the decision of the Building Inspector based on requirements set forth in the City of Rensselaer Zoning Ordinance. Included with this application is a site plan of the property with all structures indicated hereon and a copy of the Building Inspector's determination.

Address or lot number of subject property: 37 PARTITION STREET,

Zoning District MU1 Type of Use MULTI

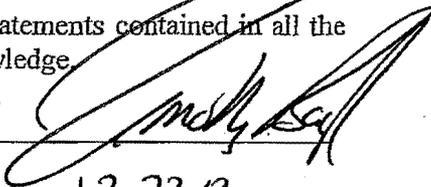
Describe Proposal: CANOPY MAT & APTS

Why is a Variance required? (Refer to appropriate section(s) of Zoning Ordinance)

- AREA VARIANCE FOR PARKING
- AREA VARIANCE FOR GREEN SPACE

Justification:

I hereby certify that all of the above statements and the statements contained in all the exhibits transmitted herewith are true to the best of my knowledge.

Property owner: Tim BAYLY DESD Signature: 

Address: 360 WEST 34TH APT 11C Date: 12-23-13

NY, NY 10801 Phone: 917-697-8648

IF APPLICANT IS NOT OWNER:

Applicant's Name: _____ Signature: _____

Address: _____ Date: _____

Phone: _____

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The required fee must accompany this application.

Schedule: \$40.00 - all variances

Make checks payable to the CITY OF DENVER AFD