



Town of Lloyd Zoning Board of Appeals Application

Submission Date: 2/24/26

Property Owner: NATASHA RAZMI

Is the owner an LLC?:

Principal Member or Managing Member: _____

Owner's Mailing Address: 30 Salk Dr. Highland, NY 12528

Owner's Phone: 845.705.9680

Owner's Email: KR.Natasha@hotmail.com

Address of subject property: 30 Salk Dr, Highland, NY 12528

Tax Map SBL#: 9512-3-7 Zoning District: ~~R~~ B 1/2

Professional Representative: Contractor Patrick Worrell

Representative Address: _____

Representative Phone: 845.217.7995 Representative email: scellion@outlook.com

Purpose of Application

Area Variance: to allow Accessory Apartment

Appealing decision of Code Enforcement Officer; OR

Referral from Planning Board in relation to Site Plan Review without requirement for appeal from decision of Code Enforcement Officer pursuant to NYS Town Law 274-a(2a).

Referral from Planning Board in relation to Subdivision Review without requirement for appeal from decision of Code Enforcement Officer pursuant to NYS Town Law 277(6).

Bulk Table relief sought:

Right Sideyard: Required: _____ Proposed: _____ Relief sought: _____

Left Sideyard: Required: _____ Proposed: _____ Relief sought: _____

Front Yard: Required: _____ Proposed: _____ Relief sought: _____

Rear Yard: Required: _____ Proposed: _____ Relief sought: _____

Lot Size: Required: 39 Proposed: 65 Relief sought: 11

Other: _____

Use Variance to allow: _____

Appealing decision of Code Enforcement Officer. Date of decision: _____

Pursuant to Town of Lloyd Code Chapter 100, Article _____ Section _____

Other Code Sections, if applicable: _____

Other Jurisdictional agencies: _____

Interpretation of the Zoning Code:

Town of Lloyd Code Chapter 100, Article _____ Section _____

Other Code Sections, if applicable: _____

Interpretation sought because: _____

cont'd next page

Appeal as an Aggrieved Person

Decision creating status as an aggrieved person: _____

Date of Decision: _____

Are there wetlands on the subject property? Yes No

Are there floodplains on the subject property? Yes No

All submissions must include:

1. This application filled out in full.
2. Survey of property(properties) subject to the request for relief (if applicable).
3. Narrative detailing the nature of the request and any evidence and/or arguments in support of the request. (see below).
4. Payment of fee and Payment of escrow.
5. NYS Environmental Assessment Form
6. Letter of Agent (if represented by someone besides the property owner).

Balance tests (narrative should offer evidence and information related to the questions for that variance)

Area Variance:

- whether benefit can be achieved by other means feasible to the applicant
- would there be an undesirable change in neighborhood character or to nearby properties
- whether the requested relief is substantial
- whether the request will have adverse physical or environmental effects
- whether the alleged hardship is self-created

Use Variance:

- Applicant cannot realize a reasonable return, substantiated by submission of competent financial evidence.
- Is sustaining a hardship that is unique and does not apply to a substantial portion of the zoning district, or neighborhood within which the subject property is located, with supporting evidence.
- The applicant has presented proof that the variance would observe the spirit of the town ordinance (code) and would not change the character of the district, with supporting evidence.
- The applicant has shown that the alleged hardship is not self created.

Office Use only:

Intake officer: _____ Date of Receipt: 2/24/26

Fee: 215 Method of Payment: Cash - Check - Credit Card

Escrow initial deposit: 300

Survey submitted date: _____ NYS SEQR EAF submitted date: 2/24/26

Narrative submitted date: 2/24/26



Town of Lloyd Letter of Agent

I, NATASHA KAZIM, am the owner of the real property located at
30 Salk Dr. Highland, NY 12528 identified as Tax Map SBL# _____

I hereby authorize Patrick Worrell
doing business as Contractor

to act as my agent in an application for area variance PERMIT TYPE

[If owner is an LLC or other type of corporation, supply name, address, phone an email of principal member of the LLC below]

LLC or Corporate Principal Member: _____ PRINT NAME

Principal member mailing address: _____

Principal member phone: _____

Principal member email: _____

Check all that apply:

Town of Lloyd Planning Board

Town of Lloyd Zoning Board of Appeals

Town of Lloyd Building Department

Notarized

Owner or Principal Member Signature
(notarized)

NATASHA KAZIM

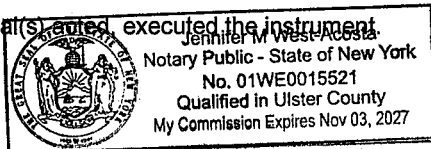
Print Name

2-24-26

Date

State of New York
County of Ulster)ss.:

On the 23rd day of February in the year 2016 before me, the undersigned notary public, personally appeared Natasha Kazim, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.



Jennifer M West

Notary Public



Town of Lloyd Escrow Account Consent

Establishing Escrow Account for project name: Natashe Kazim
For property located at: 30 Selle Dr. Highland,
S.B.L #: 9512-3-7 NY 12528
Zone: R 1/2
Project description:

Accessory apt.

In order to begin review of your proposed project, the Town of Lloyd requires the establishment of an escrow account for board consultant(s) review(s). Upon receipt of this consent form with the remittance specified in the Development Fee Schedule, the review will commence.

The initial escrow amount requested for your project is: \$300.00

Additional funds may be requested if the account balance is at risk of being depleted or is actually depleted. Any unused monies will be returned at the end of the process when all consultant invoices have been received.

The fees charged to the escrow account:

1. shall be reasonably necessary in the review of the project or the preparation of necessary documents; and,
2. shall be reasonable in the amount based on the prior experience of the Town of Lloyd and the actual, average costs of the Town in applications of the same type; and,
3. any balance remaining in the escrow account following final approval and the receipt of outstanding invoices from the Town's consultants shall be remitted to the applicant by the Town's fiscal officer; and,
4. the posting of an escrow account does not imply acceptance or approval of an application; and,
5. in the event that any litigation is commenced against the Town as a direct result of your application, the applicant agrees to hold the Town harmless for all costs associated with that litigation and to reimburse the Town for any costs incurred by the Town.

I hereby consent to the conditions as set forth above; remittance to establish the escrow is included with this signed consent.

Natashe Kazim
Applicant / Agent Signature

2/24/26
Date

Make escrow check payable to "Town of Lloyd" and add "escrow account" on the memo line.
Return this signed consent form with your check to:
Building Department, 12 Church St. Highland, NY 12528.

Applicant's Letter of Intent From: Natasha Kazim

To: Town of Lloyd Planning Board and/or Zoning Board of Appeals

Date: 2/24/26

Message:

Seeking area variance
for accessory apartment.

Short Environmental Assessment Form

Part 1 - Project Information

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.

Part 1 – Project and Sponsor Information			
Name of Action or Project: Accessory Apt.			
Project Location (describe, and attach a location map): 30 Salk Dr. Highland.			
Brief Description of Proposed Action: Seeking to build accessory apt.			
Name of Applicant or Sponsor: Natascha Kazim		Telephone: 845.705.9680	
		E-Mail: KFNatascha@hotmail.com	
Address: 30 Salk Dr.			
City/PO: Highland		State: NY	Zip Code: 12528
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? 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.			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval:			NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		<u>0</u> acres	
b. Total acreage to be physically disturbed?		<u>0</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>0</u> acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
5. <input type="checkbox"/> Urban <input checked="" 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			

	NO	YES	N/A
5. Is the proposed action,			
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____ _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?	<input type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____ _____ _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:

Shoreline Forest Agricultural/grasslands Early mid-successional
 Wetland Urban Suburban

15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered? NO YES

16. Is the project site located in the 100-year flood plan? NO YES

17. Will the proposed action create storm water discharge, either from point or non-point sources?
If Yes,

 a. Will storm water discharges flow to adjacent properties? NO YES

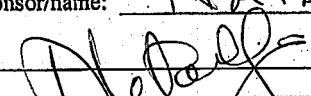
 b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?
If Yes, briefly describe: NO YES

18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)?
If Yes, explain the purpose and size of the impoundment: NO YES

19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility?
If Yes, describe: NO YES

20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste?
If Yes, describe: NO YES

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Applicant/sponsor/name: NATASHA KAZIM Date: 2-24-26
Signature:  Title: MS.

PRINT FORM