

Town of Aurelius

Zoning Board of Appeals

Application

Office Use Only

Application No: _____

Bldg. Permit Denied: _____

Public Hearing: _____

Date: _____

1. Property Location/Address:

2. Tax Map I.D. Number: _____

3. Applicants Name, Address, & Phone No:

Phone: _____

4. Type of Appeal:

___ Variance	___ Interpretation
___ Special Permit.	___ Accessory Use
___ Temporary Permit	___ Other
___ Non-conforming Use	

5. Property owned by Applicant:

YES ___ NO___

(If property is not owned by the applicant the applicant must submit a statement by the property owner to appeal on his/her behalf)

6. Size of Property _____ Acres/Sq. Ft. (Circle one)

7. Describe the project: _____

(Please include a site plan or drawing of the proposed project along with centerline and measurements)

8. Reason for the Appeal:

- 1. () Interpretation of the Zoning Law
- 2. () Variance to the Zoning Law is requested for these reasons:
 - a. Strict application of the Ordinance would produce undue hardship and/or practical difficulties

State reasons: _____

3. A temporary permit is requested:

State reasons: _____

4. Extension of temporary permit is requested:

State reasons: _____

5. Referred by Zoning Inspector:

State reasons: _____

The undersigned requests the Zoning Board of Appeals hear an appeal from a decision of the Building Inspector and grants the Town of Aurelius Zoning Board of Appeals the right to make site inspections until an appeal ruling is made.

Applicant Signature _____ Date _____

Notary Signature _____ Date _____

APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT PUBLIC HEARING

Incomplete Applications may be rejected

CEO REFERRAL DATE:

PLANNING BOARD REFERRAL DATE: