

**VILLAGE OF PALMYRA
Zoning Board of Appeals**

APPLICATION

Date: _____

Office Use Only	
Application No.:	_____
Dates:	_____
Bldg. Permit Denied:	_____
Application Received:	_____
Sent Co. Planning Brd:	_____
Public Hearing:	_____

1. Property Location/Address:

Tax I.D. Number: _____

3. Applicant's Name, Address & Phone No.

2. Zoning District:

R-1	<input type="checkbox"/>	R-2	<input type="checkbox"/>	C-1	<input type="checkbox"/>
C-2	<input type="checkbox"/>	C-3	<input type="checkbox"/>	C-4	<input type="checkbox"/>
I	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

4. Property owned by Applicant?

YES NO

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

5. Type of Appeal:

Area Variance Use Variance

Sign Ordinance Interpretation

6. Size of Property: _____ **Acres / Sq. Ft.**
(Circle One)

7. Lot Size: _____ **ft. X** _____ **ft.**

8. Describe the project:

9. Section(s) of Zoning Ordinance Appealed:	10. Specific requirement (dimension/use) under the section(s) you seek relief from:	11. State the type & size of variance you are requesting, e.g.: 3 foot side yard variance
1.	1.	1.
2.	2.	2.
3.	3.	3.

12. State the reason(s) you are applying for this appeal:

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

Signature: _____

Date: _____

APPLICANT OR REPRESENTATIVE MUST BE PRESENT AT PUBLIC HEARING

Incomplete Applications may be rejected