

Town of Theresa, NY

Appeal No. _____ Fee _____ Date Received _____ 20____

BOARD OF APPEALS APPLICATION

Name of Appellant _____ Address _____

Phone Number _____

The appellant named above does hereby appeal to the Zoning Board of Appeals

- a) The decision of the Enforcement Officer. _____
- b) Interpretation of the zoning ordinance code/map. _____
- c) Administrative review in the granting of a special permit. _____
- d) Variance of the requirements of the zoning ordinance. _____

1. Location of the property of subject appeal: _____ side of _____, _____ feet
_____ of its intersection with _____.

2. Zoning district in which property is located _____

3. Section of the ordinance being appealed or under review _____

4. Reason for appeal and why it is being requested (i.e., hardship) _____

5. Two copies of a sketch plan must accompany this application showing the proposed structure, accessory structures and their placement on the lot on which they are located. The drawing shall show distances between the structure and all lot lines, other structures on the lot, road right of way and other outstanding natural or man-made features on or adjacent to the lot. (E.g., streams, driveways, fences, cliffs, etc.) The dimensions of all lot lines shall be noted.

6. Copies of the appeal application and plans must be sent by the appellant, to the adjacent land owners by certified mail. The domestic return receipts (cards) are to be presented to the zoning board at the start of the appeals meeting.

I, the appellant, or my agent, do hereby affirm that the above and attached information is true and accurate (to the best of my knowledge) and agree to abide by the regulations of this Zoning Ordinance, health code and any other application of the town ordinance.

Zoning Board of Appeals meetings will be held the first Mondays of each month; for requests of variances submitted by the 15th day of the previous month.

Signed _____ Date _____

Print Owner's Name _____