

Town of LeRay

ZONING AMENDMENT APPLICATION

OFFICE USE ONLY

Application # _____
Application Fee **\$500.00** _____
Submittal Date: _____
Date Referred to TB: _____
Public Hearing Date: _____
Approval/Denial Date: _____

Instructions: Fully complete this application. Write NA when Non-applicable. Application, complete with fees, shall Be filed with the Zoning Enforcement Officer who will File a copy with the Town Clerk.

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

If application is by petition, please attach hereto.

Application is for:

- Zoning Map Amendment
- Zoning Ordinance Amendment

Attach a completed Part 1 of the Environmental Assessment Form (EAF) using the Long Form (only). Forms are available from the Planning Department or on our website at www.townofleray.org.

Complete Section A and/or B as appropriate:
Section A – Zoning Map Amendment

1. General Description of boundaries or area for which the zone change is requested: _____

2. Attach a copy of the tax map showing the area for which the zone change is requested.

3. Total area (square feet or acres): _____

4. Present zoning classification: _____

5. Present use: _____

6. Adjacent zoning classification: _____

7. Adjacent use: _____

8. Proposed zoning classification: _____

9. Proposed use: _____

10. Reasons for amendment request: _____

Section B – Zoning Ordinance Amendment

1. Section(s) reference: _____

2. Existing section(s) is not adequate because: _____

3. Proposed change: _____

4. The proposed change will clarify or improve the ordinance because: _____

Signature of Applicant: _____

Date: _____

- NOTE: 1. Parts II and III of the EAF and the entire SEQR (State Environmental Quality Review) process must be completed by the Town Board before the application can be considered complete.
2. The Town Board will notify you of their action in writing within 5 days of the date of the public hearing held on this application.

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Approval Date: _____

Signed: _____

Denial Date: _____

Reason for Denial: _____

