

Town of LeRay
Zoning Board of Appeals
APPLICATION FOR AN AREA VARIANCE

Appeal Concerns Property at the following address:

County Tax Map Section: _____ Block: _____ Lot: _____

Zoning District Classification: _____

Date Applicant Acquired Property: _____

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

The applicants appeal from a decision of the Zoning Enforcement Officer, or on direct appeal from the Planning Board as permitted by State Law, concerns the following:

_____ Denial of an Application for a Zoning Permit (Attach to Application)

Describe the Proposed Activity: _____

Denial was made because of a violation or conflict with the Zoning Code(s): _____

Date of Zoning Enforcement Officer's Decision: _____

State what type and size of an area variance you are requesting, (ex. 3 foot side yard variance): _____

State the reason you are applying for the area variance: _____

Describe the character of the neighborhood: _____

Applicant: _____

Telephone: _____

Mailing Address: _____

Signature: _____

Date: _____

OFFICE USE ONLY
Application Fee <u>\$100.00</u>
Receipt Number: _____
Date of Appeal: _____ (Postmark or Hand Delivered)
Date of Receipt by Board: _____
Date of Public Hearing: _____
Date of Final Action: _____
Date of Filing of Decision with the Municipal Clerk: _____