

**Town of Macedon
Zoning Board of Appeals**

APPLICATION

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

Date: _____

1. Property Location/Address:

Tax I.D. Number: _____

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

2. Zoning District:

| | | | | | |
|-------|--------------------------|------|--------------------------|------|--------------------------|
| AR-40 | <input type="checkbox"/> | R-30 | <input type="checkbox"/> | R-22 | <input type="checkbox"/> |
| CD | <input type="checkbox"/> | GC | <input type="checkbox"/> | ORM | <input type="checkbox"/> |
| TPD | <input type="checkbox"/> | NCD | <input type="checkbox"/> | MHD | <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. 135- | 1. | 1. |
| 2. 135- | 2. | 2. |
| 3. 135- | 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