

TOWN OF CHAZY
APPLICATION TO ZONING BOARD OF APPEALS

For Zoning Enforcement Officer's Use:

Zoning Permit Number _____

Date Received ___/___/___

1. Applicant's Name: _____
Address: _____
City: _____ State _____ Zip _____

2. Application is made for: **MAP No.** _____ **BLOCK No.** _____ **PARCEL No.** _____

- () an Area Variance
- () a Use Variance
- () an interpretation of the Zoning Law or Map
- () an appeal from a decision of the Zoning Enforcement Officer

3. This request relates to the following section (s) of the Town of Chazy Zoning Law:

4. Describe the nature of the request in detail:

5. In the case of a variance, provide justification that the request meets the criteria that must be met in order for the Zoning Board of Appeals to approve the variance: (See Sections 930 and 940 of the Town of Chazy Zoning Law.)

6. Attach a copy of a completed Application for Building and Zoning Permit, including the site plan map if relevant.

(signature of applicant)

___/___/___
(date)

FOR USE OF THE ZONING BOARD OF APPEALS:

This application is: Approved
 Approved with modifications or conditions
 Disapproved

Modifications, conditions or reasons for disapproval:

Chairman, Town of Chazy
Zoning Board of Appeals

DATE: ___/___/___