

TOWN OF CONESUS
P.O. BOX 188
CONESUS, NEW YORK 14435

APPLICATION FOR AN AREA VARIANCE

Applying for Area Variance for Property at the following address: _____

County Tax Map #: _____

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.)

OFFICE USE ONLY

Application No.: _____

Date of Application: _____
(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: _____

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: _____