

TOWN OF HORSEHEADS
APPLICATION FOR AN AREA VARIANCE/INTERPRETATION
150 WYGANT ROAD
HORSEHEADS, NY 14845

APPLICANT: _____

_____ STATE _____ ZIP _____

PHONE# _____ FAX# _____

EMAIL ADDRESS: _____

PROPERTY NAME AND LOCATION: _____

TAX MAP# _____

ZONING DISTRICT: _____

PROVISIONS OF THE ZONING CHAPTER TO BE APPEALED:

CHAPTER: _____ ARTICLE: _____ SECTION: _____

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REASON FOR REQUEST: _____

INTERPRETATION OF THE ZONING ORDINANCE IS REQUESTED
BECAUSE: _____

AN AREA VARIANCE IS REQUESTED FOR :

1. PRACTICAL DIFFICULTIES IN COMPLYING WITH THE ZONING ORDINANCE.

2. THE VARIANCE WOULD OBSERVE THE SPIRIT AND THE INTENT ON THE ZONING ORDINANCE.

3. THE GRANTING OF THE VARIANCE WILL NOT BE A DETRIMENT TO THE PUBLIC INTEREST OR THE CHARACTER OF THE AREA.

APPLICANT'S SIGNATURE: _____

WITNESS: _____

OWNER: (IF DIFFERENT) _____

DATE: _____

The application must be accompanied by a SEQR form, siteplan/survey map, guarantee of payment and applicable fees.

GUARANTEE OF PAYMENT

I hereby guarantee payment of the publication of the notice of public hearing in your official Town newspaper.

Date: _____

Name: _____

Address: _____

Phone# _____

Signature: _____