

**TOWN OF WOLCOTT
ZONING BOARD OF APPEALS
APPLICATION FOR A VARIANCE**

Please note: This application is for a variance only. If approved, all appropriate permits must still be filed with the Planning & Zoning Department.

<u>FOR OFFICE USE ONLY</u>		
DATE RECEIVED: _____	DATE PAID: _____	
APPEAL #: _____	APPLICATION FEE:\$ _____	FILING FEE:\$ _____

THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY, AND SUBMITTED WITH ALL SUPPORTING DOCUMENTATION REQUIRED, OUTLINED IN 'Instructions & Procedures'. THERE ARE NO EXCEPTIONS.

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

PHONE NUMBER: _____

NAME OF PROPERTY OWNER: _____

ADDRESS OF PROPERTY OWNER: _____

BRIEFLY DESCRIBE THE ACTIVITY YOU PROPOSE: _____

TAX ASSESSOR'S MAP: _____ LOT # _____ ZONE _____

LOCATED _____ FEET FROM THE NEAREST INTERSECTION OF _____

THIS APPEAL RELATES TO: (check)

- | | | |
|-------------------|--------------------|-------------------------|
| ____ USE | ____ BUILDING LINE | ____ HOME OCCUPATION |
| ____ FLOOR AREA | ____ OTHER | ____ YARDS |
| ____ LOT COVERAGE | ____ SIGNS | ____ ACCESSORY BUILDING |
| ____ HEIGHT | | |

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HAVE ANY PREVIOUS APPEALS BEEN FILED IN CONNECTION WITH THESE PREMISES? _____

IF SO, DATE & NATURE OF APPEAL FILED: _____

EXPLAIN SPECIFIC HARDSHIP (PROOF of a TRUE Hardship is a legal requirement for a Zoning Board of Appeals to issue a variance) {see attached}:

LIST ALL PROPERTY OWNERS ADJACENT TO ANY PORTION OF THE PROPERTY, INCLUDING PROPERTIES THAT ARE ACROSS THE STREET:

NAME _____ ADDRESS _____

I/WE HEREBY STATE THAT ALL INFORMATION CONTAINED WITHIN THIS APPLICATION, AND/OR ANY OTHER PAPERWORK SUBMITTED WITH THIS APPLICATION IS TRUE TO THE BEST OF MY/OUR KNOWLEDGE.

SIGNATURE OF OWNER/AGENT

DATE SIGNED

SIGNATURE OF APPLICANT/AGENT

DATE SIGNED