



Village of Stamford

84 Main Street, Stamford, NY 12167
Office: 607-652-6671 Fax: 607-652-3567
www.stamfordny.com

APPLICATION TO THE ZONING BOARD OF APPEALS

Appeal No. ____

Date: _____

INSTRUCTIONS:

Please completely fill out this application in ink and return it to Code Enforcement Officer for submittal to the ZBA Chairperson ten (10) days prior to the ZBA regularly scheduled meeting. Include with this application the sketch map or site plan that was submitted to the Code Enforcement Officer or Planning Board for your original application.

APPEAL AND REASONS

I (we) _____ of _____ hereby appeal,
(Name of Applicant) (Address)

to the Zoning Board of Appeals from the decision of the Code Enforcement Officer on Application for Zoning Permit No. _____, Dated _____ of 20____ to grant() deny() a permit.

OR:

from the decision of the Planning Board for Subdivision No. _____, Dated _____ to grant () deny () subdivision approval.

to _____

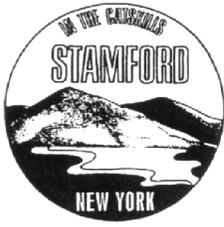
(Name of Applicant for Permit/Subdivision)

of _____

(Address)

1. Location of the Property _____

2. Zoning District _____



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3. Provision(s) of the Zoning Law appealed. Article _____, Section _____.

4. Type of Appeal

- An interpretation of the Zoning Law or Zoning Map.
- A variance to the Zoning Law.

5. Reason for Appeal (complete relevant blank, use extra sheet if necessary)

An interpretation of the Zoning Law is requested because:

A variance to the Zoning Law is requested because:

Signature of Applicant: _____ Date: _____