

PRINT OR TYPE

TOWN OF NORTH CASTLE

APPLICATION FOR ZONING VARIANCE

YOU MUST COMPLETE THE FOLLOWING

APPLICANT :

Name _____

Address _____

_____ Zip _____

Telephone _____

AGENT OR ATTORNEY

Name _____

Address _____

_____ Zip _____

Telephone _____

OWNER

Name _____

Address _____

_____ Zip _____

Telephone _____

LEESSE :

Name _____

Address _____

_____ Zip _____

Telephone _____

Address of Premises in need of variance: _____

Section: _____ Block: _____ Lot: _____ Zoning Dist: _____

1. The type of variance requested you must (circle one) of the following, Use Area Height
Frontage Depth Coverage Floor area Parking
Other _____

2. Application is hereby made under the discretionary power vested in you by the Zoning Ordinance of the Town of North Castle for: You must state here all sections of Town zoning code that you are requesting relief from, with descriptions, measurements and calculations

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3. In connection with: (circle one) new construction existing structure addition alteration
Give Description Of Work

4. (A) Has any previous application or variance been applied for or granted to this premises list all

(B) What is the applicants interest in premises (circle one) owner lessee contract vendee

(C) Is there any violation or court action pending relative to this premises or this matter Yes No
If Yes describe

(D) What is the approximate cost of this project \$ _____

(E) Is there any deed restriction, covenants or easements on this premises Yes No
If Yes describe

(F) Has the applicant offered to purchase additional property from adjoining neighbors Yes No
If Yes what was the response

5. Is the property affected by this application within 500 feet of any of the following: City, Village, Town, County, State, recreational areas, County or State right of ways Thruways, Parkways, Expressways, Highways, Controlled-access ways, Streams, Drainage Channels owned by County, Town or State, land owned by County, State, or City of New York, or any public building or institution. If YES Give the Name and Location of public Land, institutions or buildings

I HEREBY DEPOSE AND SAY THAT ALL THE ABOVE STATEMENTS AND THE STATEMENTS CONTAINED IN ALL THE PAPERS AND PLANS SUBMITTED WITH THIS APPLICATION ARE TRUE.

Applicant Signature _____ **Date** _____

Sworn to before me this
Day of _____, 200

Notary Public _____

Signature _____

