



OFFICE USE ONLY

Application No V- _____
Date of Appeal: _____
Date of Receipt by Board: _____
Date of Public Hearing: _____
Date of Final Action: _____
Date of Filing Decision with Town Clerk: _____

TOWN OF SHELBY

4062 Salt Works Rd., P.O. Box 348, Medina, NY 14103

Phone 585-798-3120

APPLICATION FOR AN AREA VARIANCE

INFORMATION REGARDING THE SITE:

Tax ID# _____ Site Address: _____

Nearest intersecting road: _____

Present Zoning District: _____

Date applicant Acquired Property: _____

(If property is not owned by applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

Relevant Section(s) of Zoning Ordinance: _____

Is property in Hamlet Area? Yes _____ No _____

Is APA Review Required Yes _____ No _____

Is the applicant's appeal from a decision of the Code Enforcement Officer, or on direct appeal of the planning board as permitted by Town Law, concerns the following:

___ Denial of an Application for a Building Permit (Attach Application)

___ Denial of an Application for a Certificate of Occupancy (Attach Application)

For the Proposed Activity: _____

Description of Request including type and size of area variance requested: _____

State the reason you are applying for the area variance: _____

Describe the character of the neighborhood: _____

Applicant: _____ **Telephone:** _____

Mailing Address: _____

Signature: _____ **Date:** _____