

TOWN OF SODUS
APPLICATION FOR BOARD REFERRAL

Application # _____

Date: _____

Fee: \$ _____.

Planning Board
Meeting Date: _____

Zoning Board of Appeals
Meeting Date: _____

I (We) _____
(applicant)

of _____
(mailing address)

Phone number (_____) _____ Email _____

Hereby appeal the decision of the Code Enforcement Officer whereby the Officer did deny a permit to _____, or did deny the permission of _____

located at: _____ Tax ID: _____ - _____ - _____ Zone _____

1. Adjacent property owners are:

(North) _____
(South) _____
(East) _____
(West) _____

2. Article, section and paragraph of ordinance being appealed:

3. Appeal Type:

- | | |
|--|--|
| <input type="checkbox"/> Interpretation of Ordinance | <input type="checkbox"/> Home Occupation |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Special Permit |
| <input type="checkbox"/> Temporary Permit | <input type="checkbox"/> Area Variance |

Approval of: Subdivision

4. A previous appeal has has not been made with the _____ Board in respect to this appeal.

Application # _____ Date: _____ Reason for appeal: _____
_____ Board approval yes no

(Zoning Officer Signature)

(Applicant Signature)