VILLAGE OF CAMILLUS

37 Main Street, Camillus, NY 13031 315-672-3484, Ext. 4 / Fax: 315-672-5323

ZONING APPEAL/INTERPRETATION APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Applicant Name:		_ Day Time Phone:	
Applicant Address:		E-mail:	
The undersigned hereby makes application	for: () Area Variance	() Use Variance	() Interpretation
Complete this section for an appeal or variance:			
The undersigned hereby appeals the decision of the code enforcement officer whereby he/she did:			
() Grant () Deny			
Under zoning law: Article:	Section:	Subsection:	Paragraph:
Name:		_	
Project Address:		_ Tax Map Numbe	r:
Permit Type: F	Permit Number:	Date	ed:
Description of project:			
Reason for appeal or variance:			
 () Strict application of zoning law would produce undue hardship. () The hardship is unique and is not shared by all properties alike in the immediate vicinity of this property and in this district. () The variance would observe the spirit of the zoning law and would not change the character of the district, because: (provide on separate page) () Other reason for appeal, because: (provide on separate page) 			
Will the project cause the disturbance of one or more acre of soil?			
Is the project in a flood hazard zone?	Is the project within 100' of any wetlands?		
Complete this section for a zoning law interpretation: I hereby request an interpretation of zoning law. Reason for interpretation: (provide on separate page) Article: Section: Subsection: Paragraph:			
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 Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. I also understand that the granting of a special permit does not give authority to violate or cancel the provisions of any other regulations. Consent to Enter Property: By signing this application I agree to allow representatives of the Village of Camillus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application. 			
SIGNATURE OF OWNER OF PREMISES:		DATE	:
Official Use Only			
Application No.:	Action of Zoning Boa	ırd:	
Date Completed:	Granted () Der	nied () Date:	
Chairperson Signature:			