

**TOWN OF VAN BUREN
ZONING BOARD OF APPEALS
APPLICATION**

Date _____

Fee _____

Type of Application

- () Special Use Permit
- () Appeal of Decision made by the Code Enforcement Officer
- () Area Variance (provide details on page 2)
- () Use Variance (use requested _____)
- () Interpretation (describe issue on page 2)
- () Other

Applicable Sections of the Zoning Ordinance

Review by Onondaga County Planning Board	Review by Town of Van Buren Planning Board
() Required () Not Required	() Required () Not Required

Applicant

Name _____
Street Number _____ City/Town _____
State _____ Zip Code _____ Phone _____

Owner (if different than applicant)

Name _____
Street Number _____ City/Town _____
State _____ Zip Code _____ Phone _____
Signature _____

Property

Street Number _____ City/Town _____
State _____ Zip Code _____
Tax map Number _____
Zoning District _____ Waterfront _____
Size of Property _____ acres
Existing Structures/Uses () Conforming () Nonconforming

Need and Description

For special use permits and area variances, describe the project and attach a copy of a current survey and any drawings or plans. If reducing or enlarging documents that **do not** include a graphic representation of scale; indicate the percentage of reduction or enlargement. Attach additional pages if necessary.

Area Variances

- Residential Principal Structure Waterfront District
- Nonresidential Accessory Structure

- | | |
|---|---|
| <input type="checkbox"/> Front Yard Setback
Required Setback _____ feet
Variance Requested _____ feet | <input type="checkbox"/> Rear Yard Setback
Required Setback _____ feet
Variance Requested _____ feet |
| <input type="checkbox"/> Individual Side Yard Setback
Required Setback _____ feet
Variance Requested _____ feet | <input type="checkbox"/> Total Side Yard Setback
Required Setback _____ feet
Variance Requested _____ feet |
| <input type="checkbox"/> Lot Dimensions/Coverage/Floor Area
Type _____
Requirement _____
Variance Requested _____ | <input type="checkbox"/> Other
Type _____
Requirement _____
Variance Requested _____ |

Alternatives

Explain in detail why the proposed action cannot be conducted where an area variance would not be required, or where a smaller area variance would be required (attach additional pages if necessary)

Sworn this _____ day of _____, 20 _____

Applicant Signature

Notary Public