

**Town of LeRay**  
**Zoning Board of Appeals**  
**APPLICATION FOR AN AREA VARIANCE**

Appeal Concerns Property at the following address:

\_\_\_\_\_  
\_\_\_\_\_

County Tax Map Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Zoning District Classification: \_\_\_\_\_

Date Applicant Acquired Property: \_\_\_\_\_

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

The applicants appeal from a decision of the Zoning Enforcement Officer, or on direct appeal from the Planning Board as permitted by State Law, concerns the following:

\_\_\_\_\_ Denial of an Application for a Zoning Permit (Attach to Application)

Describe the Proposed Activity: \_\_\_\_\_

\_\_\_\_\_

Denial was made because of a violation or conflict with the Zoning Code(s): \_\_\_\_\_

\_\_\_\_\_

Date of Zoning Enforcement Officer's Decision: \_\_\_\_\_

State what type and size of an area variance you are requesting, (ex. 3 foot side yard variance): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the reason you are applying for the area variance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the character of the neighborhood: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY**

Application # V-\_\_\_\_\_

Application Fee \$100.00\_\_\_\_\_

Date of Appeal: \_\_\_\_\_

(Postmark or Hand Delivered)

Date of Receipt by Board: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Date of Final Action: \_\_\_\_\_

Date of Filing of Decision with the

Municipal Clerk: \_\_\_\_\_