VILLAGE OF SODUS BOARD REFERRAL

DATE: **MEETING DATE:**
APPLICATION #
APPLICATION FEE: $
LEGAL CODE: Article, section and paragraph of ordinance being appealed: §
PROPOSED SEQR REVIEW: ☐ Unlisted Action ☐ Negative Declaration ☐ Type I SEQR ☐ Type II SEQR

1. APPLICANT INFORMATION:
Applicant Name: _____ Land Owners Name: _____
Mailing Address:_____
Phone#_____ **Email:** _____

2. PROPERTY INFORMATION: **Zoning District:** _____
Located At: _____ **Tax Id:** _____

3. ADJACENT PROPERTY OWNERS ARE:
(North): _____
(East): _____
(South): _____
(West): _____

4. APPEAL TYPE: **☐ Variance ☐ Special Use Permit ☐ Use Variance ☐ Area Variance**
☐ Temporary Permit ☐ Home Occupation ☐ Site Plan Review ☐ Subdivision

5. DESCRIPTION OF PROPOSED ACTION: **Project Cost Estimate: $**_____
_____
_____
_____
_____
_____
_____

6. HARDSHIP OR REASON FOR BOARD REFERRAL:
_____
_____
_____
_____
_____

7. SEQR: https://gisservices.dec.ny.gov/eafmapper/ Please print and attach a completed EAF part 1 form.

8. ATTACHMENTS: If applicable, please attach all prior correspondences by Municipal, County, State or Federal Agencies involving this application. Please attach all drawings, maps, plans, letters, or other forms that can aid the Zoning Board of Appeals in reviewing this proposal.

_____ _____
(Zoning Officer Signature) (Applicant Signature)