

Town of Van Buren Zone Change Application



TOWN OF VAN BUREN
7575 VAN BUREN ROAD
BALDWINVILLE NY 13027
PHONE: 315.635.3009
WWW.VANBURENNY.GOV

PROPERTY LOCATION: _____

APPLICANT NAME AND ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PROPERTY OWNER NAME AND ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

PROPERTY TAX NUMBER: _____

CURRENT ZONING CLASSIFICATION: _____

PROPOSED ZONING CLASSIFICATION: _____

PROPOSED USE OF PROPERTY AND BUILDINGS: _____

THE APPLICANT HEREBY CERTIFIES THAT ALL STATEMENTS MADE HEREIN ARE ACCURATE AND TRUE TO THE BEST OF THE APPLICANTS KNOWLEDGE.

DATE: _____

APPLICANT SIGNATURE

SWORN BEFORE ME, THIS _____ DAY OF _____ 20 _____.

NOTARY PUBLIC

THIS APPLICATION MUST BE FILED WITH THE FOLLOWING DOCUMENTATION:

- WRITTEN LEGAL DESCRIPTION OF PROPERTY
- 11 COPIES OF PLOT PLAN OR SURVEY MAP
- PURCHASE CONTRACT OR WRITTEN PERMISSION, IF OTHER THAN OWNER
- NECESSARY FEES

DATE FILED WITH CODE ENFORCEMENT OFFICE: _____