Town of Walton
129 North Street
Walton, NY 13856

Application No.:	
Date of Receipt:	
Date of Public Hearing:	
Postal Return Receipts Submitted:	
Notice of Action:	
Date of Filing with Town Clerk:	
Filing Fee Collected:	

Application to the Zoning Board of Appeals

Instructions:
This form shall be filed with the Zoning Board of Appeals ten (10) business days prior to a regularly scheduled meeting. Please attach a sketch map or site plan. Postal receipts required at beginning of Public Hearing.

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

Name:_____ Phone:_____

Street address:_____

City, State & Zip code:_____

Appeal and Reason:

I _____ hereby appeal to the Zoning Board of Appeals concerning the decision of the Code Enforcement Officer on the Application for Zoning Permit Application #:_____ Dated:_____

☐ denying a permit ☐ granting a permit

1. Location of property:_____
2. Tax Map Number:_____
3. Zoning District:_____
4. Provision (s) of Zoning Law Appealed:
   Article:_____ Section:_____
   _____ _____
   _____ _____
   _____ _____
5. Type of Appeal: (Please check appropriate box)
   - ☐ An Area Variance to the Zoning Law
   - ☐ An Use Variance to the Zoning Law
   - ☐ An Interpretation of the Zoning Law or Zoning Map
6. Reason for Appeal:

_____

_____

_____

_____

Signature_____ Date_____

10/04