

## 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.)

### OFFICE USE ONLY

Application No. V- \_\_\_\_\_

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: \_\_\_\_\_

The applicant's 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 Building Permit (Attach to Application)

\_\_\_\_\_ Denial of an Application for a Certificate of Occupancy (Attach to Application)

For 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: \_\_\_\_\_