MAYOR
ALBIO SIRES | PUBLIC SAFETY
COMMISSIONERS
ADAM W. PARKINSON | REVENUE & FINANCE
VICTOR M. BARRERA | PARKS & PUBLIC PROPERTY
MARIELKA A. DIAZ | PUBLIC AFFAIRS
MARCOS A. ARROYO | PUBLIC WORKS
CODE ENFORCMENT/BUILDING DEPARTMENT
THOMAS O'MALLEY| CONSTRUCTION OFFICIAL
TOMOMALLEY@WESTNEWYORKNJ.ORG
O. 201.295.5170

TOWN OF WEST NEW YORK
COUNTY OF HUDSON, NEW JERSEY

MUNICIPAL BUILDING
428-60th STREET
WEST NEW YORK, NEW JERSEY 07093
(201).295.5100

OFFICE LOCATIONS
PUBLIC LIBRARY 425-60th STREET
(201).295.5135
SENIOR CENTER 515-54th STREET
(201).295.5162/5144
FIRE PREVENTION 6015 TYLER PLACE
(201).295.5220
PUBLIC WORKS 6300 BROADWAY
(201).295.5230/5231
PARKING SERVICES 224-60th STREET
(201).295.1575
WEST NEW YORK, NEW JERSEY 07093

APPLICATION FOR VARIANCE DENIAL LETTER

FEE: $50.00 PAYABLE TO THE TOWN OF WEST NEW YORK
MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE REJECTED

DATE:_____

ADDRESS REQUESTING A VARIANCE:_____

APPLICANT INFORMATION
(IF AN LLC, LIST FULL NAME OF PRINCIPAL OR SAME WILL BE REJECTED):

Name:_____

Address:_____

Tele:_____Email:_____

OWNER INFORMATION

Are you the property owner: ( )Yes ( )No If not, please state your relationship to the property:_____

PRESENT OWNER OF PROPERTY AS IT APPEARS ON THE DEED (IF AN LLC, LIST FULL NAME OF PRINCIPAL OR SAME WILL BE REJECTED):

_____

ADDRESS OF PROPERTY OWNER:_____

TELEPHONE NUMBER:_____EMAIL ADDRESS:_____

PROPERTY INFORMATION

PRESENT PROPERTY DESCRIPTION: _____

DOES APPLICATION INVOLVE AN APARTMENT LEGALIZATION? ( ) YES ( )NO
If yes, please speak with your attorney regarding additional requirements that are mandated by the State of New Jersey including the installation of fire prevention/protection equipment, which must be met before you can obtain a Certificate of Occupancy even if you obtain Board approval. INITIAL HERE_____ THAT YOU HAVE READ
DATE:_____
If yes, is anyone currently living in the space that you seek to legalize? ( ) YES ( ) NO
If yes, have you received a violation notice ( )YES ( ) NO If yes, VIOLATION #:_____

SEE PAGE 2

WHAT IS YOUR INTENTION FOR THIS PROPERTY/BUSINESS?

_____

DESCRIBE PROPOSED PLAN IN DETAIL:_____

_____

_____

ARE YOU BEING REPRESENTED BY AN ATTORNEY: ( ) YES ( ) NO

If yes, please supply the name and telephone number:_____

_____

ARCHITECT NAME:_____

ARCHITECT TELEPHONE #:_____

_____ _____

APPLICANT'S NAME (PRINT) APPLICANT SIGNATURE

DATE:_____

****

OFFICE USE ONLY

BOA ( ) PB ( )

PERMISSION TO:_____

_____

ON PROPERTY LISTED ABOVE IS HEREBY DENIED AS IT DOES NOT COMPLY WITH THE REVISED GENERAL ORDIANCES OF THE TOWNSHIP OF WEST NEW YORK.

CHAPTER 414

REASON:_____

_____

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