# CITY OF BATAVIA

*APPLICATION TO THE ZONING BOARD OF APPEALS*

Application No.:_____

Hearing Date/Time:_____

**APPLICANT:** _____

Name E-Mail Address

_____

Street Address Phone Fax

_____

City State Zip

**STATUS:** ___ Owner ___ Agent for Owner ___ Contractor

**OWNER:** _____

Name E-Mail Address

_____

Street Address Phone Fax

_____

City State Zip

**LOCATION OF PROPERTY:** _____

**DETAILED DESCRIPTION OF REQUEST:** _____

_____

_____

_____

**Applicant must be present at the hearing date. Failure to do so will result in the application being discarded. It is the responsibility of the applicant to present evidence sufficient to satisfy the Zoning Board of Appeals that the benefit of the applicant does not outweigh the health, safety, morals, aesthetics and general welfare of the community or neighborhood.**

_____ _____

**Applicant's Signature** **Date**

_____ _____

**Owner's Signature** **Date**

***To be Filled out by Zoning Officer***

**TAX PARCEL:** _____ **ZONING DISTRICT:** _____ **FLOOD PLAIN:** _____

**TYPE OF APPEAL:**
___ Area Variance
___ Use Variance
___ Interpretation
___ Decision of Planning Committee

**FEE:**
___ $50 (One or Two Family Use)
___ $100 (All other Uses)

***Provision(s) of the Zoning Ordinance Appealed:*** _____

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