Administrative Appeal

City of Buffalo, New York

Section 496-11.3.12 of the City Code: An administrative appeal allows for a redress of a decision made by the Zoning Administrator or Commissioner of Permit and Inspection Services where an alleged error or misinterpretation has been made in the enforcement or application of the zoning provisions of the ordinance.

Procedure

1. Complete this form.
2. Send an electronic copy (in PDF format) of this form with attachments to the Zoning Administrator in Room 913 City Hall. PDF files must be compressed to the extent practicable and no single file may exceed 10MB. The electronic copy may be provided via a USB flash drive or by email/file transfer site to ZoningBoardOfAppeals@buffalony.gov. If emailed, you will receive a response email confirming receipt of the application. If no email confirmation occurs, please follow up with the Office of Strategic Planning at (716) 851-4064.
3. Pay the applicable fee by check or money order payable to “City of Buffalo.”
4. After a staff review and the application is determined complete, the applicant will receive a Notice of Complete Application which includes the date of a public hearing. Until a Notice of Complete Application is received, the appeal will not be scheduled for a public hearing regardless of the date the application was submitted.
5. Attend the Zoning Board of Appeals Hearing regarding the Administrative Appeal.
6. After the public hearing, the Zoning Board of Appeals has up to 62 days to approve, approve with modifications, or deny the application. Once the Zoning Board of Appeals has made a decision, a written notice will be sent to the applicant within 5 business days.

Please note: Any information provided with this application will be made public at www.buffalony.gov/meetings

Fee

Pay associated fee of $150 for appeals regarding a one (1) or two (2) unit dwelling.

$250 for all other applications.

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Applicant Information

Applicant
Identify the person associated with the Appeal

Name _____ Cell Phone _____

Organization _____ Business Phone _____

Mailing Address _____ Fax Number _____

City _____ State _____ Zip _____ Email _____

Item to be Appealed

Authority to Initiate Appeal:_____

Decision made by:_____

Date of Decision:_____

Decision Being Appealed:_____

_____

Justification (attach additional information if necessary):

_____

_____

_____

_____

_____

Notary

State of New York)

) ss

County of Erie)

On the ____ day of _____ in the year_____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____ _____

Notary Public Applicant