TOWN OF SCHROON

ZONING VARIANCE APPLICATION FORM
&
APPEAL FROM A DECISION OF THE ZONING OFFICER

APPLICANT
Name: _____

Address_____

_____

Phone: _____

Email: _____

PROPERTY OWNER (if different)

Name: _____

Address: _____

_____

Phone: _____

Email:_____

Tax Map #_____

911 Address:_____

Zone District: _____

Section of the Zoning Ordinance for which you are seeking relief:_____

Building Occupancy Type, (Residential, Commercial, Industrial) _____

1. Has there been a previous application or appeal for this property_____

2.If yes, provide documentation and details of the actions.

_____

_____

3. Does the property owner rely on a non-conforming use ☐ yes ☐ no

4. Is the proposed change or use prohibited by ordinance or local law other than the

Zoning Regulations ☐ yes ☐ no

5. The application is for use variance area variance special permit other

6. Is this application an appeal from a decision by the Zoning Officer ☐ yes ☐ no

7. Include a statement of why this variance is being requested_____

_____

Please see application checklist and complete all required fields prior to submission. This is available on the town's website: https://townofschroonny.gov/forms/

Applicants Signature_____ Date: _____

If applicant is different than property owner provide a notarized letter stating applicants permission to sign on the property owner's behalf. Please see sample letter on the town website