

TOWN OF CANTON
60 MAIN STREET
CANTON, NY 13617

Appeal # _____
Date RCVD: _____
Date of Public Hearing: _____
Date Notice Published: _____
Date of Final Action: _____
Date Filed with Clerk: _____

Application to ZBA for an Interpretation, Findings, and Decision

I (We) _____ of
(Name)

(Mailing Address)

_____ (Telephone) _____ (Alternate contact number or email)

hereby appeal to the Zoning Board of Appeals of the Town of Canton, NY a decision of the Code Enforcement Officer, who did: GRANT DENY a permit to (describe the project):

APPLICABLE ZONING LAW SECTION _____

The affected project is located at _____
(Specific Location)

The Tax Map Number is _____

Zoning Permit Number: _____

The Code Enforcement Determination was dated _____
(Attach a copy of the determination)

Has a previous appeal been made with respect to this property? Yes No

If Yes, date of appeal and appeal number is _____

APPLICANT'S SIGNATURE

I, hereby, affirm that I am the owner or authorized agent, and I am authorized to submit this request.

Applicant Signature: _____ Date: _____

Briefly describe your reason for requesting an interpretation of the Zoning Law:
(Use a separate sheet, if needed)

DETERMINATION OF ZBA BASED ON THE PUBLIC HEARING

The Zoning Board of Appeals (ZBA), after taking into consideration the reasoning above, finds that the following actions are required:

Applicable Section of Zoning Law: _____

Action to take: (this MUST be filled out):

DECISION

Printed Name: _____

SIGNATURE: _____

Date: _____

(Chair)

RECORD OF VOTE:

Chair: _____ Aye _____ Nay _____
Member: _____ Aye _____ Nay _____
Member: _____ Aye _____ Nay _____
Member: _____ Aye _____ Nay _____
Member: _____ Aye _____ Nay _____