

APPLICATION FOR AN AREA VARIANCE

OFFICE USE ONLY

Appeal Concerns Property at the following address:

County Tax Map Section: _____ Block _____ Lot: _____

Zoning District Classification: _____

Date Applicant Acquired Property: _____

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

Application No. V- _____
Date of Appeal: _____
(Postmark or Hand Delivered)
Date of Receipt by Board: _____
Date of Public Hearing: _____
Date of Final Action: _____
Date of Filing of Decision with
the Municipal Clerk: _____

The applicant's appeal from a decision of the Zoning Enforcement Officer, or on direct appeal from the planning board as permitted by State Law, concerns the following:

_____ Denial of an Application for a Building Permit (Attach to Application)

_____ Denial of an Application for a Certificate of Occupancy (Attach to Application)

For the Proposed Activity: _____

Denial was made because of a violation or conflict with the Zoning Code(s): _____

Date of Zoning Enforcement Officer's Decision: _____

State what type and size of an area variance you are requesting, ex. 3 foot side yard variance:

State the reason you are applying for the area variance: _____

Describe the character of the neighborhood: _____

Applicant: _____ Telephone: _____

Mailing Address: _____

Signature: _____ Date: _____