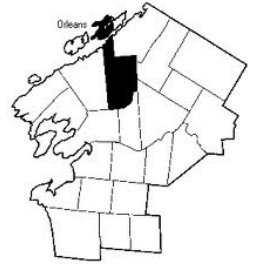


Town of Orleans



**Zoning Board of Appeals
PO Box 103
20558 Sunrise Avenue
LaFargeville, NY 13656
Phone 315-658-9950
Fax: 315-658-2513
www.townoforleans.com**

Enforcement Officer

Lee Shimel
315-658-2057

APPLICATION FOR VARIANCE PERMIT

Applicant's Name: _____

Address: _____

Phone Number (s): _____

Describe Location and Boundaries:

Tax Map Parcel #: _____

State Use Requested:

***Note:** All applications must be accompanied by two (2) plot plans showing lot dimensions, structural dimensions, yard dimensions. If an area variance is requested, you must show neighboring properties, with their names and addresses included on the plot plans. Two (2) photos are also required showing the area involved. A (\$100) Application fee is required when this application is submitted.

****PLEASE DRAW TO SCALE AND INCLUDE NORTH ARROW****

I certify that the above information has been provided and the above statements are true and correct.

Date: _____

Owner

Purchaser Under Contract

Contractor

FOR TOWN USE ONLY

Zoning District: _____ **Hearing Results: Granted** ____ **Denied** ____

239m Review Needed? Yes__ **No**__ (a) **Cannot Yield Reasonable Return** { }

Favorable? Yes__ **No**__ (b) **Owner has unique circumstances, cannot alter** { }

Hearing Date: _____ (c) **Character of Locality** { }

Date Notice Published: _____

Chairman's Signature: _____

Date: _____