## ZONING BOARD OF APPEALS TOWN OF CAROGA, NY

## **Application for Zoning Board of Appeals**

Appeal Number:	Dated:
To the Zoning Board of Appeals, Town of Carog	ga, New York.
I (we)	(name of applicant)
	(mailing address)
HEREBY APPEAL TO THE ZONING BOAT	RD OF APPEALS FROM THE DECISION OF THE
CODE ENFORCEMENT OFFICER ON APPLI	CATION FOR:
Building Permit Number:	Dated:
WHEREBY THE CODE ENFORCEMENT OF	FICER:
( ) GRANTED ( ) DENIED	
Name of Permit Applicant:	
Property Location/Street Address:	
Section, Block and Lot Number:	
Zoning District of said Property:	
Type of Permit Applied for:	
Is this applicant in need of a certificate for contin	nuation of a nonconforming use: Yes / No
Is the applicant seeking a review of the decision	of the code officer: Yes / No
Provisions(s) of the Zoning Ordinance (Local La Indicate the article, section, subsection and paranumber. Do not quote the Ordinance.	w) Appealed: graph of the Zoning Ordinance that is being appealed by
ARTICLE: SECTION: SUI	BSECTION: PARAGRAPH:
Type of Appeal this application pertains to:  ( ) An interpretation of the zoning ordin  ( ) A variance to the zoning ordinance	nance or zoning map

Previous Appeals:				
A previous appeal:				
( ) has	een made with respec	et to this decision o	of the building insr	pector or with respect to
the property.	oon made with respec	or to this decision o	i the bunding map	vector of with respect to
Such appeal(s)	was (were) in the for	m of		
( ) a requested				
( ) a request f	or a variance and wa	s (were) made in;		
Appeal	No	, dated:		, 20
Appeal	No.	, dated:		, 20
Appeal	No	, dated:		, 20
Appear	. INO	, dated		, 20
• Reason for App	peal. Complete Section	ons below or Use ex	xtra sheet if necess	ary.
	etation of the Zoninged because:	ng Ordinance or d	ecision of Code	Enforcement Officer is
B. A varia	ince to the zoning ord	linance is requested	for these reasons:	
1.	Strict Application of	f the ordinance wou	ıld produce Undue	Hardship because:
	<del></del>			<del></del>
2.	The variance would character of the dist		of the ordinance an	d would Not change the
STATE OF NEW YOR COUNTY OF		)	ss:	
Sworn to me this	day of		, 20	
(Signature)		(Notary I	Public) or Town Clerk	