TOWN OF ANCRAM

ZONING BOARD OF APPEALS

1416 County Route 7 Ancram, NY 12502 Telephone (518) 329-6512 ext. 5 Fax (518) 329-6535 zoningboard@townofancram.org

VARIANCE APPLICATION

DATE		APPLICATION NO	
APPLICANT/PROPERTY O			
ADDRESS			
		TELEPHONE	
EMAIL			
REPRESENTED BY (If appli			
ADDRESSTELEPHONE	EM	AIL	
LOCATION OF PROPERTY			
		ZONE	
TAX MAP PARCEL NO DATE PROPERTY WAS PU	RCHASED		
	_ Area Variance		
WHY?			
Are there any existing deed restrict please provide a copy to the zonin		r right-of-way(s) on the property?	if yes,
The Zoning Board of Appea review process of this applic present during their visit. If accommodate your needs. U members permission to acce	ation. Please ind you plan to be p Jpon signing this	licate yes no if you present, a separate meeting form, you are giving Zonin	would like to be will be scheduled to g Board of Appeals
Applicant's Signature	Date	Owner's Signature	Date
Please read the accompanying	instructions for t	he granting of variances and l	oe prepared to

Please read the accompanying instructions for the granting of variances and be prepared to comply with them in writing at the time of application, and orally at the time of the hearing. ZBA Variance v 1/2015