

Application # _____



Variance Application

Property Location: _____

Tax/Parcel I.D. #: _____

Applicant's Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

If Applicant is not the owner of record, list the owner of record's name and address below.

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**Please provide a letter of authorization from the owner of record if applicant is not owner. **

Please fully describe the proposed improvements and reason for variance(s):

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Attach any maps or other information that may be helpful in explaining your variance request.

The undersigned hereby appeals to the Zoning Board of Appeals of the Village of Trumansburg, from the decision or determination of the Village's Zoning Officer that the above described structure located or proposed to be erected on the above stated property is contrary to the provisions of Article _____, Section _____, Number _____ of the Village of Trumansburg Zoning Code.

Applicant's Signature



FOR OFFICE USE ONLY

Date Submitted:	_____
Fee Amount:	<u>\$50.00</u>
Fee Paid on:	_____
Date of Public Hearing:	_____

Variance(s) being requested:

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Current Zoning Classification of Property: _____

Zoning Permit denied by: _____ on: _____

Staff Review and recommendation to Board: _____

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Board's Decision: APPROVED or REJECTED on: _____

VARIANCE GRANTED or VARIANCE DENIED

Specific Conditions of Approval:

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