

TOWN of ASHLEY BOARD of ZONING APPEALS

Application for variance from the requirements of the Zoning Ordinance - Must Be Recieved 2 Weeks Before The Meeting

Name of Applicant or Agent: _____

Address of Applicant or Agent: _____

Phone Number of Applicant or Agent: _____

Fill in the next two lines only if the Applicant is different from the Owner

Name of Owner: _____

Address of Owner: _____

Street Address of Premises Affected: _____

Block Number: _____ Lot Number(s): _____

Subdivision Name: _____ Current Zoning District: _____

Section of Zoning Ordinance from which variance is sought: _____

Detailed description of the variance applied for: _____

Full statement of reasons why the variance is being applied for: _____

Note: This application shall be accompanied by a plot of the premises drawn to scale showing the location of all proposed and existing structures. The plot plan shall be complete with dimensions of premises and structures. The above information, to my knowledge and belief, is true and correct.

_____ Date Signature (Owner or Authorized Agent)

This is to certify that \$100.00 was received this _____ day of _____ for a variance application fee.

Receipt Number _____

(Space below to be completed by the Board of Zoning Appeals)

Date of Public Hearing: _____

Application for Variance: Granted _____ Denied _____

A. If granted, subject to the following additional provisons: _____

B. If Denied, reasons: _____

Signatures of Members of the Board of Zoning Appeals:

