

ZONING VARIANCE APPLICATION

Town of Binghamton
279 Park Avenue
Binghamton, NY 13903

Code Enforcement Officer Phone: (607) 772-0357, ext. 012 Fax: (607) 772-6911

Application Fee: \$ _____

Receipt No.: _____

Date: _____

Environmental Review _____

PUD Proposal _____

Rezone _____

Site Plan Review _____

Special Permit _____

Subdivision _____

Variance _____

PROPERTY INFORMATION

Property Location: _____

Tax Map No.: _____ Zoning District: _____

Code Reference(s): _____

239 Review Required?: Y / N If yes, date submitted to Broome County: _____

Public Hearing Required?: Y / N If yes, date and by whom? _____

APPLICANT INFORMATION

Applicant: _____

Applicant's Address: _____

Applicant's Phone #'s: Home _____ Work _____ Cell _____

Applicant's E-mail Address: _____

PROPERTY OWNER INFORMATION (if different from the applicant)

Property Owner: _____

Owner's Address: _____

Owner's Phone #'s: Home _____ Work _____ Cell _____

Owner's E-Mail Address: _____

ARCHITECT / ENGINEER INFORMATION

Architect / Engineer: _____

Address: _____

Phone #'s: Office _____ Cell _____ Fax _____

E-Mail Address: _____

DESCRIPTION OF PROPOSED ACTION (Detailed Site Plan must accompany this application)

Purpose / Brief Description of Proposed Action:

APPLICATIONS MUST BE SUBMITTED BY THE FIRST FRIDAY OF THE MONTH

The undersigned being duly sworn, deposes and says that he/she is the owner/applicant or the authorized agent of the owner/applicant and that everything contained in this application is a true statement and representation of the proposal and that permission is herewith granted for inspections of the property by the Town Departments, Town Board, Planning Board, and Zoning Board of Appeals members.

Sworn to this _____ day of _____, 20 _____

Signature of Owner/Applicant

