

Town of Claverack
Application for an Area Variance

Please refer to "Application Submittal Checklist" for instructions on filling out this form.

OFFICE USE ONLY

Permit Application # _____

Date of Appeal _____
(Postmark or Hand-Delivered)

Date of Receipt by Board _____

Date of Public Hearing _____

Date of Final Action _____

Date of Filing of Decision
with the Municipal Clerk _____

PLEASE PRINT

Applicant(s) name _____

Address _____

Phone _____

Email (if applicable) _____

Appeal Concerns Property at the following address:

County Tax Map Section _____ Block _____ Lot _____

Zoning District Classification _____

Date Applicant Acquired Property _____

(If property is not owned by the applicant, the applicant must submit a statement by the property owner authorizing the applicant to appeal on his/her behalf.)

The applicant's appeal from a decision of the Zoning Enforcement Officer, or on direct appeal from the planning board as permitted by State Law, concerns the following:

Denial of an Application for a Building Permit (Attach to Application)

Denial of an Application for a Certificate of Occupancy (Attach to Application)

For the Proposed Activity:

Denial was made because of a violation or conflict with the Zoning Code(s):

Date of Zoning Enforcement Officer's Decision _____

State type and size of an area variance are you requesting. (ex. 3' side yard variance)

State the reason you are applying for the area variance.

Describe the character of the neighborhood.

Applicant Signature _____ Date _____