

CITY OF BATAVIA
APPLICATION TO THE ZONING BOARD OF APPEALS

Application No.: _____

Hearing Date/Time: _____

APPLICANT: _____

Name	E-Mail Address	
Street Address	Phone	Fax
City	State	Zip

STATUS: ___ Owner ___ Agent for Owner ___ Contractor

OWNER: _____

Name	E-Mail Address	
Street Address	Phone	Fax
City	State	Zip

LOCATION OF PROPERTY : _____

DETAILED DESCRIPTION OF REQUEST: _____

Applicant must be present at the hearing date. Failure to do so will result in the application being discarded. It is the responsibility of the applicant to present evidence sufficient to satisfy the Zoning Board of Appeals that the benefit of the applicant does not outweigh the health, safety, morals, aesthetics and general welfare of the community or neighborhood.

Applicant's Signature

Date

Owner's Signature

Date

To be Filled out by Zoning Officer

TAX PARCEL: _____ **ZONING DISTRICT:** _____ **FLOOD PLAIN:** _____

TYPE OF APPEAL: ___ Area Variance **FEE:** ___ \$50 (One or Two Family Use)
 ___ Use Variance ___ \$100 (All other Uses)
 ___ Interpretation
 ___ Decision of Planning Committee

Provision(s) of the Zoning Ordinance Appealed: _____
