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
___ Use Variance
___ Interpretation
___ Decision of Planning Committee

FEE:

___ $50 (One or Two Family Use)
___ $100 (All other Uses)

Provision(s) of the Zoning Ordinance Appealed: _____

_____