



Zoning Board of Appeals
600 Main Street
Medina, NY 14103

PHONE 585-798-0770

FAX 585-798-5018

APPLICATION for an AREA VARIANCE

Date: _____

Subject Property Address: _____

Tax Map #: _____

Applicant: _____ Address: _____

Phone #: _____

Property Owner: _____ Address: _____

(If applicant is not the property owner, a statement giving authorization to the applicant must be obtained from the property owner and submitted with this application.)

Property Zoning Classification: _____

Date of Zoning Officers Decision: _____

State the type & amount of area variance requested: _____

State the reason for the request: _____

Relevant section of the Zoning Regulations: _____

Signature: _____ Date: _____

The granting of an area variance shall mean the authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by the dimensional or physical requirements of the applicable zoning regulations.

Remember that it is the sole responsibility of the applicant to provide sufficient information and documentation concerning this application. Because the determination is made solely on the basis of information provided to the ZBA, it is to the applicant's benefit to include as much supporting information as possible. Attach additional sheets if necessary.

FOR OFFICIAL USE ONLY

Filing Date: _____

Submitted to ZBA: _____

Public Hearing: _____

CPB Referral: _____

Final Action: _____

Decision Filed: _____

Fee: _____

Date Paid: _____