

Town of Hoosick
Zoning Board of Appeals
P. O. Box 17
Hoosick Falls, NY 12090

Application Number	_____
Date Received	_____
Hearing Scheduled Date	_____
Application Fee	_____
Approved Date	_____
Conditions (y/n)	_____
Denial Date	_____
Withdrawn Date	_____
Zoning Chairperson	_____

Application for a Variance, Special Permit, and/or Appeal

General Information

Applicant:

Property Owner:

Name: _____

Name: _____

Company: _____

Company: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Applicant is: Owner ___ Builder ___ Lessee ___ Architect/Engineer ___ Agent ___ Other ___

If other, explain: _____

Lot Information

Parcel ID Number _____

Zoning District _____

Street Address of Lot _____

Irregular Shape of Lot (Y or N) _____ Corner Lot (Y or N) _____

Existing: Lot Area _____ Frontage _____ Depth _____

Setbacks: Front _____ Rear _____ Left _____ Right _____

Proposed: Lot Area _____ Frontage _____ Depth _____

Setbacks: Front _____ Rear _____ Left _____ Right _____

Type of Water Service: _____ Type of Sanitary Disposal _____

Use Information

Describe Existing Use: _____

Describe Proposed Use: _____

Application Information

Check all that apply:

_____ An area variance is requested to appeal the decision of the Building Department, which denied a permit for the above property, dated _____ (submit copy of denial)

_____ A use variance is requested to appeal the decision of the Building Department, which denied a permit for the above property, dated _____ (submit a copy of denial)

_____ A special permit is requested, as required by Hoosick Local Law No. 2 of the Year 2009 of the Town of Hoosick

_____ A formal appeal of Local Law No. 2 of the Year 2009 of Town of Hoosick