INC. VILLAGE OF PLANDOME BOARD OF ZONING APPEALS Application For Variance		EALS	FILING REQUIREMENTS: TEN (10) COPIES EACH OF: COMPLETED APPLICATION, CURRENT SURVEY, & PROPOSED PLANS AND \$175. APPLICATION FEE & \$600. HEARING COST DEPOSIT. NOTE: SURVEYS & PLANS MUST BE FOLDED TO LEGAL SIZE WITH CAPTION OUT.	
1. Owner's Nam	ne:		L	
Address:		email required:		Phone #:
. Representati	ve's Name, Address	, email (if applicable):		Phone #:
. Description o	f Property: Address		Sec	Blk Lot(s)
Variance Rec	quested* to Permit:			
*APPLIC	ANT MUST IDENTI	FY ANY PART OF PRO	DJECT WHICH DO	 ∼ refer to Building Permit denial. DES NOT CONFORM TO nore than one variance is
	d, please check here		mation required un	der item #4 above on the
requested (exar		requirement is 20', the pr		nces for which the variance is be only 14' from side line, leaving a
		riance and Building Per ntial character of the Vi		imental to properties in the ing reasons:
The granting	of the requested Va	riance will benefit the o	wner in the followir	ng ways:
Has the subje	ect address ever bee	en the subject of a prior	variance application	on? [Y/N]
lf yes, state d	ate of hearing, relie	f requested, & outcome	of the hearing	
				IDED HEREIN TOGETHER ZONING APPEALS IS TRUE.
		RMATION I SUBMIT TO		
VITH ANY ACCO	OMPÂNYING INFO	RMATION I SUBMIT TO		ZONING APPEALS IS TRUE.

65 SOUTH DRIVE, P.O. BOX 930, PLANDOME, NEW YORK (516) 627-1748