

ZONING APPEAL APPLICATION

TOWN OF MARCELLUS

24 East Main Street, Marcellus, NY 13108
315/673-3269, FAX: 315/673-9102

Official Use Only: Application No. _____ Date Received: _____ Appeal Fee: _____
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Applicant Name: _____ Date: _____

Applicant Address: _____ Phone: _____

I (we) hereby appeal the decision of the Zoning Enforcement Officer on the following:

Zoning / Building Permit Number: _____ Dated: _____

Whereby the Zoning Enforcement Officer did:

1. Grant Deny To: _____
(Name of applicant for this appeal)

- Zoning / Building Permit
- Certificate of Occupancy
- Temporary Use or Extension Thereof
- Certificate for Existing Use

2. Location of property: _____
(Road and distance from recognizable landmark)

3. Provisions of Zoning Ordinance appealed. (Indicate article section, subsection and paragraph of Marcellus Ordinance being appealed. Do not quote ordinance.)
Article: _____ Section: _____ Subsection: _____ Paragraph: _____

4. Has a previous appeal been made with respect to this decision of the Zoning Enforcement Officer? Yes No
If yes, provide following information: Appeal No.: _____ Dated: _____

5. Reason for this appeal: (check relevant item and provide reasons on a separate page).
 Interpretation of Zoning Ordinance is requested because: (provide on separate page)
 A special permit is requested pursuant to: Article: _____ Section: _____
Subsection: _____ Paragraph: _____; because: (provide on separate page)
 A variance to the Zoning Ordinance is requested for these reasons:
(1) Strict application would produce undue hardship.
(2) The hardship is unique and is not shared by all properties alike in the immediate vicinity of this property and in this district.
(3) The variance would observe the spirit of the Ordinance and would not change the character of the district, because: (provide on separate page)
 A Temporary Permit is requested, because: (provide on separate page)
 Extension of a Temporary Permit is requested, because: (provide on separate page)
 Other reasons for appeal, because: (provide on separate page)

(Signature of Applicant)

(Date)

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ACTION OF ZONING BOARD:

Approved Denied Reason: _____

Chairperson Signature: _____ Date: _____