

**TOWN OF SCRIBA
APPLICATION FOR VARIANCE**

1. Applicant: _____ Telephone No.: _____

2. Mailing Address: _____

3. Email Address: _____

4. Variance Concerns Property at the following address: _____

5. County Tax Map Section: _____ Block: _____ Lot: _____

6. Date Applicant Acquired Property: _____

(If property is not owned by the applicant, the applicant must submit a notarized statement by the property owner authorizing the applicant to appear on his/her behalf.)

7. Proposed Activity: _____

8. Describe the character of the neighborhood: _____

9. State what type and size of variance you are requesting, ex. 3 foot side yard variance: _____

10. State the reason you are applying for the variance: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Application No.: V-_____ Date of Application: _____ (Postmark or Hand Delivered)

Date of Receipt by Board: _____ Date of Public Hearing: _____ Date of Final Action: _____

Date of Filing of Decision with the Planning Board Clerk: _____ Approved _____ Disapproved _____

Authorized Signature: _____