

**Application to Zoning Board of Appeals**  
Town of Franklinville, New York

Date Received: \_\_\_\_\_ By: \_\_\_\_\_  
Application Number: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

**Part A: To Be Completed by Applicant**

- Application for a (an):  Interpretation/Clarification of the Zoning Ordinance  
 Special Use Permit (Article 9)  
 Use Variance (Section 14.4)  
 Area Variance (Section 14.5)  
 Other \_\_\_\_\_

Location or address of property for which permit or variance is requested:

Tax Map Number of Property: \_\_\_\_\_  
(Found on a Tax Bill)

Applicant's Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_  
(If different from Applicant)

Applicant's Mailing Address:  
(If different from above)

Applicant's Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Reason for application:  
(Applicants for variance should explain why their proposal meets the specific criteria contained in section 14.4 or 14.5, as applicable. Attach additional sheets if necessary.)

Previous Appeal: No  Yes  Date: \_\_\_\_\_  
Board Decision: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_  
(If different from Applicant)