

Town of Sterling
1290 State Route 104A
Sterling, NY 13156
Joan Kelley, Supervisor

Zoning Board of Appeals
phone: (315)947-6245
Fax: (315)947-5119
email: szoning@twcnnyrr.com

ZONING BOARD OF APPEALS APPLICATION
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1. Address of property: _____
2. Tax Map #: _____
3. Property Dimensions: _____ Lot Frontage _____ Lot Depth _____ Total Sq. Ft.
4. Owner of record is: _____ Phone: _____

(Address) (Village/Town) (State) (Zip)
5. Applicant's Name: _____ Phone: _____

(Address) (Village/Town) (State) (Zip)
6. Requesting Use Variance _____ Area Variance _____ Other _____
7. All existing uses on the property are: _____
8. Proposed uses on the property, if application is approved are: _____

9. Area Variance requested: Front _____ Rear _____ Side _____ Side _____
10. Date Building Permit was submitted: _____ Date Denied: _____

THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND ACCURATE.

(Name of Applicant)

(Property Owner, if different)

Date: _____

(Signature of Applicant)

Date: _____

(Signature of Owner, if different)

