

TOWN OF LEYDEN
ZONING BOARD OF APPEALS

APPLICATION FOR APPEAL

FEE \$200.00

APPEAL NO. _____

DATE _____ **20** _____

I (we) _____ **of** _____, NY
(Name of applicant) (Address)

hereby appeal to the Zoning Board of Appeals the decision of the Enforcement Officer on application for Permit No. _____, dated _____, 20____ whereby the Enforcement Officer did

☐ grant a Development Permit

☐ deny a Development Permit

1. Location of property _____
(Road name, side of road, and distance from landmarks)

2. Tax Map Number: Section _____ **Block** _____ **Lot** _____

3. Provision of the TOWN OF LEYDEN ZONING LAW appealed. Indicate the Article _____, **Section** _____, **Page No.** _____ **of the law being appealed.**
(See Town Clerk or Enforcement Officer for assistance).

4. Type of Appeal- Appeal is made herewith for:

☐ An interpretation of the Local Law

☐ A variance to the Local Law ☐ Area ☐ Use

5. Previous appeal has _____ **has not** _____ **been made on the Enforcement Officers decision on this property. If it has provide the Appeal No.** _____, **Dated** _____.

6. Reason for appeal: _____

Signature

Date

OFFICE USE ONLY

Date of Public Hearing _____

Date Notice Published _____

Date of County Referral _____

☐ Approve ☐ Deny

Date of Final Action _____

Date of Filing of Decision with the Municipal Clerk _____