

**TOWN OF FARMINGTON
Zoning Board of Appeals**

Applicant

Property Owner

Name

Address

City/State/Zip

Phone

Email

Name

Address

City/State/Zip

Phone

Email

Type of Action Requested (Check One)

Area Variance ___ Use Variance ___ Conditional Use ___ Temporary Use Permit ___

Property Location: _____

Tax Map Number: _____

General Information:

Lot Size _____ **Zoning District** _____

Zoning District of Adjacent Properties _____

Applicable Zoning Code Section: _____

Brief Description of Project: Letter of Intent (on separate sheet explain hardship, practical difficulties)

Provide detailed sizing and final material specification of all required improvements and an estimated project construction schedule. According to the Code of the Town of Farmington all maps and plans must be prepared by a licensed engineer, architect or surveyor. SEQR form(s) must also be included with this application. **EXPENSES INCURRED IN SECURING LEGAL, ENGINEERING, AND/OR PROFESSIONAL ASSISTANCE IN CONNECTION WITH THE REVIEW SHALL BE CHARGED TO THE APPLICANT. THESE FEES ARE COLLECTED BY THE TOWN SUPERVISOR'S OFFICE.**

Applicant's Signature

Date

Print Name

Appeal NO. ZB _____

Date _____

Appeal: Due to the decision of the Zoning Officer, the applicant, as noted, request that the Town of Farmington Zoning Board of Appeals, at its meeting, hear an appeal of this decision.

(Meeting Date: _____)

Application for the project on the reverse side has been denied by the Town of Farmington Zoning Officer on this day _____

*Reason for Denial: _____

Code Enforcement Officer