

**ZONING BOARD OF APPEALS
TOWN OF KENT
25 Sybil's Crossing
Carmel NY 10512**

ZONING BOARD USE ONLY

Z.B.A. No. _____

Meeting _____

**REQUEST FOR HEARING
APPLICATION FOR VARIANCE**

REQUIREMENTS

1. Application must be clearly printed or typed.
2. Application fee of \$ _____ must accompany completed form
3. Seven copies of survey must be submitted with application
4. Applicant or representative must be present at Hearing
5. Application should be submitted the first day of the month in order to review the same month.
6. It is the applicant responsibility to notify all property owners within _____ feet be certified, returned receipt requested, letter of their intent to submit an Application of Variance.

TO BE COMPLETED BY APPLICANT

Name:		Date of Application:	
Address		Property Location	
City, Town, State, Zip		Tax Map#:	
Phone:		Email:	

State actual requested:

Does the property meet the requirements of Municipal Law 239-m? (Is the property located within 500 ft. of any state, county highway, town boundary, or county, town, city or state properties, etc.)? ____ Yes ____ No

Signature & Address of Owner

Signature:	
Print Name of Owner:	
Street	
City, Town, State, Zip	

ZONING BOARD USE ONLY (Decision of Board on above application):

Chairman's Signature: _____