

***Zoning Board of Appeals***

Rose Mary Hankins, *Secretary*  
Tel: 845.439.4399 x 302  
Fax: 845.439.3775

**VARIANCE APPLICATION**

*Top section and second page are to be completed by applicant.  
Submit to Code Enforcement Officer at above address with fee and documents.*

**Applicant\***

**Property Identification**

Name: \_\_\_\_\_

Section: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ (Day) \_\_\_\_\_ (Evening)

Zoning District: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Email: \_\_\_\_\_ (If Used)

Acquisition Date: \_\_\_\_\_ Mortgagor: \_\_\_\_\_

*\*Property owner(s), if different from applicant(s), must provide signed/notarized permission for the Variance process. See signature line on second page. Supply address of mortgagor, if appropriate.*

**Code Enforcement Action**

Examined: \_\_\_\_\_, 20\_\_\_\_. Approved: \_\_\_\_\_, 20\_\_\_\_. Permit #: \_\_\_\_\_

Disapproved: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
**Charles Irace, Code Enforcement Officer. Tel: 845.439.4399 x 305**

**ZBA Referral**

Fee: \_\_\_\_\_ Application #: \_\_\_\_\_ Received by ZBA: \_\_\_\_\_

Hearing Date(s): \_\_\_\_\_ Notification Costs: \_\_\_\_\_ Paid: \_\_\_\_\_

Action Date: \_\_\_\_\_ Action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Report Filed with Town Clerk: \_\_\_\_\_ Report Sent to Applicant: \_\_\_\_\_

