

**Town of Austerlitz Zoning Board of Appeals
Application for Use Variance**

Application Date: ___/___/___

Applicant: Name: _____ Email: _____
Property Address: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Tax Map Number: _____

Describe, and identify by section number, the Zoning Law requirements from which you seek relief.

Describe the nature of hardship you believe would result if you do not receive the use variance you request.

Describe why the uses permitted for the property would not allow you to generate sufficient financial benefit.

Describe the impact to abutting property owners and to the neighborhood that would result from granting your request for a variance.

Applicants Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____
Final Decision: _____ Approved

Project ID: _____
_____ Denied