

**Town of Austerlitz Zoning Board of Appeals
Area Variance Application**

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

Describe other means you have considered to accomplish your objective that do not require a variance and your reasons for rejecting them.

Please attach a drawing showing all features relevant to the variance you are seeking, such as the location of the structure, and the adjoining properties, roads, etc.

Applicants Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Project ID: _____

Final Decision: _____ Approved

_____ Denied