



Village of Menands

280 Broadway
Menands, NY 12204
(518) 434-2922
Fax (518) 427-7303

APPEAL NO: _____

DATE: _____

TO THE ZONING BOARD OF APPEALS, VILLAGE OF MENANDS, NEW YORK:

of _____

HEREBY APPEAL the Zoning Board of Appeals for review of a (order) (requirement) (decision) (determination) of the Building Inspector made on _____, 20__, which (granted) (denied) an application for (building permit) (sign permit) (certificate of compliance) for _____ at _____ (Structure Use) (Location of Property)

1. Name and address of owners of the Property:
2. Names and addresses of adjoining owners: (included owners directly across the street)
 - a)
 - b)
 - c)
 - d)
 - e)
 - f)
 - g)
3. ZONING DISTRICT (R-1, R-2. etc.)
4. A LAYOUT PLAN OR PLOT PLAN IS: (on file) (attached hereto)

5. PORTION OF ZONING LAW INVOLVED (cite by article and section numbers; do not quote provisions):

6. APPEAL IS MADE FOR:

_____ Interpretation of the Zoning Law or Map

_____ Variance

_____ Other

7. REASON FOR APPEAL (Complete only the part which relates to type of appeal checked above. Describe intended use and state grounds upon which it is claimed to relief sought should be granted. Attached extra sheets if necessary.):

a) INTERPRETATION requested is:

b) VARIANCE requested is:

c) OTHER:

Please review Zoning Law and Map (obtainable from Village Clerk-Treasurer, Municipal Building, 250 Broadway, Menands, NY 12204) before submitting this application. The Zoning Board of Appeals must give public notice of and hold a public hearing on the application.

STATE OF NEW YORK
COUNTY OF ALBANY

_____, being duly sworn says: I have read the foregoing appeal and papers attached. The statements and representations made therein are true to the best of my knowledge and belief.

Signature of Applicant or Agent

Sworn to before me this ____ day of _____, 20__.

Notary Public