

TOWN OF LYSANDER
ZONING BOARD OF APPEALS
APPLICATION

Application Number _____ Date _____ Fee _____

Type of Application

- Special Use Permit
- Permit for Temporary Structure/Occupancy (explain need on page 2)
- Extension of Permit for Temporary Structure/Occupancy (explain need on page 2)
- Appeal of Decision made by the Code Enforcement Officer
 - Area Variance (provide details on page 2)
 - Use Variance (use requested _____)
- Informal Interpretation (describe issue on page 2)
- Other

Applicable Sections of the Zoning Ordinance

**Review by Onondaga County
Planning Board**

**Review by Town Of Lysander
Planning Board**

Required Not Required

Required Not Required

Applicant

Name _____
Street Number _____ Municipality _____
State _____ Zip Code _____

Owner (if different than applicant)

Name _____
Street Number _____ Municipality _____
State _____ Zip Code _____
Signature _____

Property

Street Number _____ Municipality _____
State _____ Zip Code _____
Tax map Number _____
Zoning District _____ Overlay Control _____
Size of Property _____ acres
Existing Structures/Uses Conforming Nonconforming

Need and Description

For temporary permits, explain why a permit is needed. For special use permits and area variances, describe the project and attach a copy of a current survey and any drawings or plans. If reducing or enlarging documents that **do not** include a graphic representation of scale; indicate the percentage of reduction or enlargement. Attach additional pages if necessary.

Area Variances

- Residential Principal Structure Shoreline Structure
- Nonresidential Accessory Structure

- Front Yard Setback**
 Required Setback _____ feet
 Variance Requested _____ feet

- Rear Yard Setback**
 Required Setback _____ feet
 Variance Requested _____ feet

- Individual Side Yard Setback**
 Required Setback _____ feet
 Variance Requested _____ feet

- Total Side Yard Setback**
 Required Setback _____ feet
 Variance Requested _____ feet

- Lot Dimensions/Coverage/Floor Area**
 Type _____
 Requirement _____
 Variance Requested _____

- Other**
 Type _____
 Requirement _____
 Variance Requested _____

Alternatives

Explain in detail why the proposed action cannot be conducted where an area variance would not be required, or where a smaller area variance would be required (attach additional pages if necessary)

Sworn this _____ day of _____, 20 _____

Applicant Signature

Notary Public