



TOWN OF GREECE BOARD OF ZONING APPEALS APPLICATION

One Vince Tofany Boulevard
Greece, New York 14612-5016
Phone: 585.723.2355
Fax: 585.723.2442

JOHN T. AUBERGER
Supervisor

1) APPLICANT

(Name)

(Number) (Street)

(City) (State) (Zip Code)

(Daytime Phone) (Fax)

2) PROPERTY OWNER (If same as applicant, mark "same")

(Name)

(Number) (Street)

(City) (State) (Zip Code)

(Daytime Phone) (Fax)

3) CONTACT PERSON:

(Name) (Daytime Phone) (Fax)

4) CONCERNING PROPERTY AT:

(Street Address) (Tax Map Number)

(If street number not yet assigned, give street on which property fronts and name of and distance to nearest intersecting street) (Current Zoning)

5) APPLICATION FOR:

Residential Area Variance Commercial/Industrial Area Variance Other _____
 Use Variance Special Use Permit _____

(Brief Description of Project)

6) DISCLOSURE: (Please check one)

An officer or employee of the Town of Greece shall be deemed to have an interest in an application when he or she, his or her spouse, or his or her brothers, sisters, parents, children grandchildren, or the spouse of any of them (1) is the applicant; (2) is an officer, director, partner, or employee of the applicant; (3) legally or beneficially owns or controls stock of a corporate applicant or is a member of a partnership or association which is applying; or (4) is a partner to an agreement with an applicant, expressed or implied, whereby he or she may receive any payment or other benefit upon the favorable approval of such application.

- There are no persons who have an interest in this application pursuant to the provisions of Section 809 of the General Municipal Law.
- There is (are) person(s) who have an interest in this application to the provisions of Section 809 of the General Municipal Law. (On separate sheet, to be attached to this application, indicate the name(s) and address(es) of such person(s), the nature and extent of relationship to the applicant, and the nature and extent of interest in the application.)

As owner(s) of the above-described property or as legal agent* of the owner(s), I do hereby swear that all of the statements, descriptions and signatures appearing on this application are true and accurate to the best of my knowledge. This _____ day of _____ 20 ____

Applicant or Agent (Please Print) (Notary Public)

Signature of Applicant or Agent NOTARY STAMP

DO NOT WRITE IN THIS SPACE (For Office Use Only)

Date Received: _____ By: _____ Fee: _____ Receipt # _____

Decision of Board of Zoning Appeals (Copy of Motion attached): _____ Date: _____

*Applicant may be the owner(s) or the legal agent of the owner(s) with power of attorney, a lease agreement, authorization by contract or a purchase contract.