TOWN OF ERIN Application to the Board of Appeals

Appea	ls No:			Date:	2	0	
TO TH	IE ZONINO	G BOARD	OF APPEALS, Town	n of Erin, Chemu	ng County, State of New	York.	
I (we).				Name of Appellant)			
			(Municipality)		Hl (Zip Code)	EREBY APPEAL TO:	
THE Z	ONING BO	ARD OF AF	PPEALS FROM THE I	DECISION OF TH	E ZONING INSPECTOR O	N APPLICATION FOR	
ZONIN	NG PERMI	T NO	, DATED.	20			
WHER	RE THE ZO ((DNING INS) GRAN) DENY	PECTOR DID	OF	(Name of applicant for and Number) (Municipality	r permit)	
	((() A PERM) A TEM	MIT FOR USE MIT FOR OCCUPAN PORARY PERMIT C FIFICATE OF EXIST	CY DR EXTENTION 1	(Phone Number) HEREOF		
1.	LOCATIO	ON OFTHI			wn) (State) (Zip Code)		
2.	PROVISION(S) OF THE ZONING ORDINANCE APPEALED, (Indicate the article, section, subsection and paragraph of Zoning Ordinance being appealed, by number. Do not quote the Ordinance.)						
3.							
	 () An interpretation of the Zoning Ordinance or Zoning Map () A special permit under the Zoning Ordinance () A variance to the Zoning Ordinance () A temporary permit 						
4.	PREVIOUS APPEAL. A previous appeal () HAS () HAS NOT BEEN MADE WITH respect to this decision of the building inspector or with respect to the property. Such appeal(s) was (were) in the form of:						
	((() a reque) a reque	ested interpretation est for a special pern est for a variance orary permit	nit			
	and was	(were) ma	de in Appeal No		Dated	20	

1138 Breesport Road

Erin, NY 14838

	Appeal No	Dated	20				
	Appeal No	Dated					
	Appeal No	Dated	20				
5	REASON FOR APPEAL. (Complete relevant blanks. Use extra sheet if necessary.)						
A.	INTERPRETATION OF THE ZONING ORDINANCE IS REQUIRED BECAUSE:						
B.	A SPECIAL PERMIT UNDER THE ZONING ORDINANCE IS REQUESTED PURSUANT TO:						
		, Subsection, Paragraph	-				
C.		EQUESTED because:					
D.		RY PERMIT IS REQUIRED because:					
E. A variance to the Comprehensive Zoning Ordinance is requested because:							
 F. There are two types of Variance – AREA & USE. In each case there is certain criteri Appeals must use, to determine if a variance can be granted. Please complete the appropr or use type) and attach it to this application. 							
		Applicant Signature	Date				
	A fee	of \$40.00 must accompany this applicat	ion				
STATI	E OF NEW YORK						
COUN	TY OF CHEMUNG						
Sworn	to me thisDay of						

Notary Public