Town of Mount Hope
1706 Route 211 West
Otisville, NY 10963
845-386-1460

ZONING BOARD OF APPEALS

TOWN OF MOUNT HOPE

1. All appeals made to the Board of Appeals shall be in writing on forms supplied by the Town Clerk and shall be accompanied by a non-refundable fee of $250.00

2. The applicant shall pay all expenses of newspaper publication and mailing and be responsible for notifying all adjacent property owners within 500' of the property line (based on the Assessor's office records). In addition, applicant shall reimburse the Town for any engineer fees, attorney fees, or any other fees associated with your appeal.

3. The applicant shall further furnish the board with the following:

   a. Seven copies of the application

   b. Seven copies of the maps

   c. Seven copies of denial from the building department, and/or planning department.

NOTE: Unless construction is commenced and diligently prosecuted within six months of the date of the granting of a variance, such variance shall become null and void.

TOWN OF MOUNT HOPE

ZONING BOARD OF APPEALS

APPLICATION FOR PERMIT

Please identify if applicant or owner is a partnership or corporation and provide proper names and addresses of all partners or officers.

Name of applicant: _____

Address & Phone #: _____

_____

Owner of property: _____
Number of Owners: _____

CHECK APPLICABLE REQUEST:

_____ Review a decision   _____ Authorize a variance

_____ Grant special permit   _____ Interpretation of ordinance

_____ Determine boundary

WHERE APPLICABLE:
Set forth the relief requested, the present circumstances and facts, indicate the reasons relief should be granted, in applicants opinion; set forth existing zoning classification, set forth any conditions and safeguard applicant is willing to impose.

_____

_____

_____

_____

Attach sketch of premises and identify physical conditions of land area; size of land involved; size of any improvements and peculiar conditions; location of nearest roadways; adjoining buildings and waterways; location of waterways and sanitary facilities.

DATE: _____   SIGNATURE: _____