

## VILLAGE OF PLEASANTVILLE \* BUILDING DEPARTMENT

80 Wheeler Avenue \* Pleasantville, NY 10570 Phone (914) 769-1926 \* Fax (914) 769-5519 <u>www.pleasantville-ny.gov</u>

## **ZONING VARIANCE APPLICATION**

<u>NOTE</u>: APPROVAL FROM THE ZONING BOARD IS REQUIRED FOR ALL VARIATIONS FROM THE REQUIREMENTS OF THE VILLAGE OF PLEASANTVILLE BUILDING ZONE ORDINANCES.

\* Two (2) copies of all drawings must be submitted with one (1) copy of variance \* application packet a minimum thirty (30) days in advance of scheduled ZBA meeting date

<u>SECTION I</u> – Project Address:					
<u>Section II</u> – Conta	act Information: (Pli	ease print clearly. All information must be current)			
APPLICANT:					
Address:					
Phone:	_Cell:	_Email:			
OWNER:					
Phone:	_ Cell:	_Email:			
LESSEE:					
Phone:	_ Cell:	Email:			
<b>SECTION III</b> - SUBM	ISSION CHECKLIST -	[ ] Area Variance [ ] Use Variance			
[ ] VARIANCE APPLICATION	n [ ] Principal Points	S LETTER [ ] BUILDING PERMIT APPLICATION [ ] SHORT EAS FORM			
[ ] SURVEY & DETAILED DRAWINGS [ ] ADDITIONAL INFORMATION					

**SECTION IV** - APPLICATION FEE: \$250

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## SECTION V - APPLICANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE READ THE INSTRUCTIONS & EXAMINED THIS APPLICATION AND KNOW THE SAME TO BE TRUE AND CORRECT. ALL PROVISIONS OF LAWS & ORDINANCES COVERING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT.

Applicant's Signaturi		DATE:					
SWORN TO BEFORE ME T	HIS	_ Day of		20			
NOTARY PUBLIC							
SECTION VI - AF	fidavit of Ownership						
Ι,		, HEREBY C	ertify that I residi	E AT			
			IN THE CITY OF				
	OUNTY OF IN THE STATE OF IN THE STATE OF IN THE STATE OF IN THE VILLAGE						
of Pleasantville afore and that I authorize	SAID KNOWN AND DESIGNATE THE APPLICANT NOTED ABOUT CONTAINED IN SAID APPL	fed as Section:	BLOCK: EGOING APPLICATION	LOT: LOT:			
Owner's Signature:			Dat	E:			
SWORN TO BEFORE ME T	HIS	DAY OF		20			
NOTARY PUBLIC	FICE USE ONLY – I		TE BELOW TH	IS LINE			
	Section:						
	/ Dept. Approvals Requi		[ ] Wetlands [	] FLOOD DEV			
	tion [ ] Principal Poin			CATION [] SHORT EAS FORM R [] PUBLIC NOTICE & MAILINGS			
Payment: [ ] Check	#:	[ ] CASH					
Name on Check:							
		BLDG. INSPECTOR	R SIGN OFF:	Date:			

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