

**CITY OF OSWEGO**

Office of Zoning and Planning  
(315) 342-8157

Anthony A. Leotta, Zoning Administrator

**APPLICATION FOR AREA VARIANCE**

APPLICANT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OWNER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

ATTORNEY/AGENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PREMISES AFFECTED, situate in a (an) \_\_\_\_\_, Zoning District in the \_\_\_\_\_ Ward  
of the

City of Oswego with Address: \_\_\_\_\_ being  
Tax Map No.: \_\_\_\_\_

Case # \_\_\_\_\_ City of Oswego Code Reference: \_\_\_\_\_

Will the work being done constitute a change in the principle use of the premises? **No**

If so, Proposed Use:

**TO THE ZONING BOARD OF APPEALS**  
**I (WE) HEREBY APPLY FOR A VARIANCE AS FOLLOWS:**

Proposed Dimension	Required Dimension	Variance Requested	Type	Specific Provisions of Zoning Ordinance
_____	_____	_____	_____	_____

**DECLARATION:** I declare that the statements made in this application (including statements and information on accompanying documents and plans) have been examined by me and to the best of my knowledge and belief are true and correct.

Date: \_\_\_\_\_  
Applicant

Councilor: \_\_\_\_\_

Fee: **\$75.00**