

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**