

CITY OF OSWEGO

Zoning Department
(315) 342-8164

Jeff McGann, Permit 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 # _____

Case # _____ City of Oswego Code Reference _____

Will the work being done constitute a change in the principle use of the premises? _____

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**