

CITY OF OSWEGO

Zoning Department
(315) 342-8164

Jeff McGann
Permit Administrator

APPLICATION FOR USE VARIANCE

APPLICANT: _____
ADDRESS: _____

TELEPHONE: _____

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 Code Reference: _____

TO THE ZONING BOARD OF APPEALS:

I (WE) HEREBY APPLY FOR A USE VARIANCE TO UTILIZE THE AFFECTED PREMISES AS
FOLLOWS:

I (WE) PROVIDE ATTACHED DOCUMENTATION, INCLUDING A SCALED SITE PLAN, FLOOR
PLANS AND OFF-STREET PARKING PLAN FOR JUSTIFICATION OF A USE VARIANCE FOR
THE AFFECTED PREMISES, IN COMPLIANCE WITH SECTION 280-89.B, (2), (a), (b), (c) & (d).

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: **\$250.00**