



**TOWN OF NEW LEBANON
ZONING BOARD OF APPEALS**

APPLICATION TO ZONING BOARD OF APPEALS

1. Name of Applicant: _____
2. Date: _____
3. This Application is for: (CHECK ONE)
 - Appeal From a Determination by the Zoning Enforcement Officer (attach completed Appeal Statement form)
 - Area Variance (attach completed Area Variance Application and SEQRA forms)
 - Use Variance (attach completed Use Variance Application and SEQRA forms)
 - Special Permit for _____ (identify use)
(attach completed SEQRA form and drawings showing compliance with relevant requirements of Article EIGHT, Section 7 and Article TWELVE, Section 5(c) of the Zoning Ordinance)
4. Applicant's Mailing Address: _____
5. Location of Property Involved in this Application: _____

6. Tax Parcel Identification: _____
7. 911 Address if available: _____
8. Zoning District(s) in which Property is Located: _____

FOR CLERK'S USE:

Date Received: _____ Application Number: _____

Fee Paid: _____

Was Application complete when received? Yes _____ No _____

If No: Date when completed: _____

Date of meeting when Application will be first reviewed by ZBA: _____

Referred to: Planning Board on _____ County Planning Board on _____