Town of Bethel
Zoning Board of Appeals
PO Box 300, 3454 Route 55
White Lake, NY 12786

REQUEST FOR HEARING
Applicant or representative must be present at hearing

Date: _____   Bethel Tax Map #: _____

Owners Name: _____   Applicants Name: _____

Owners Address: _____   Applicants Address: _____

_____   _____

Phone: _____   Phone: _____

Location: _____
(Street Name and Number)

What Zoning District is the parcel located in? _____

Is this property within 500 feet of any: _____ State Park _____ Parkway _____ Cty Rd _____ AG District

Reason for requested hearing: (check one of the following)

_____ **Administrative Appeal**: the appeal of an administrative official's decision.

_____ **Use Variance**: authorization by the Zoning Board of Appeals for the use of land for a purpose which is other wise not allowed or is prohibited by the applicable zoning regulations.

_____ **Area Variance**: authorization by the Zoning Board of Appeals for the use of land in a manner which is not allowed by the dimensional or physical requirements of the applicable zoning regulations.

Has this case ever been presented to the Board before?   Yes _____   No _____

If yes, give date and decision of the Board: _____

_____

Signature of Owner: _____   Date: _____

Signature of Applicant (if other than owner): _____

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THE SIGNING OF THIS APPLICATION INDICATES YOUR KNOWLEDGE OF RESPONSIBILITY FOR PAYMENT OF ALL FEES AND PROFESSIONAL SERVICES INCURRED BY THE PLANNING BOARD IN REVIEW OF THIS APPLICATION, SUCH AS: PLANNER, CONSULTANT, ENGINEER, LEGAL, PUBLIC HEARING, AND/OR SITE INSPECTION.

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TO: TOWN OF BETHEL ZONING BOARD OF APPEALS

RE: OWNER'S PROXY

(Owner)_____ deposes and says he/she resides at

_____ in the county of _____ and

State of_____ and that he/she is the owner of the premises described in the

foregoing application and that he/she has authorized _____ to make

the foregoing application as described therein.

Dated: _____   _____

                                                                              Owner Signature

                                                                              _____

                                                                              Notary Public