

Founded in 1798
TOWN OF CATHARINE
SCHUYLER COUNTY
5182 Park Rd
ODESSA, NY 14869

Name: _____

Address: _____

Phone: _____

APPEAL
to the
ZONING BOARD OF APPEALS

Having been denied permission to _____

as shown on the accompanying application and/or plans or other supporting documents, for the stated reason that the issuance of such permit would be a violation of

Article(s) _____, Section(s) _____
of the Town of Catharine Zoning Ordinance.

The UNDERSIGNED respectfully submits this appeal from such denial and, in support of the appeal, affirms that strict observance of the Ordinance would impose **PRACTICAL DIFFICULTIES** and/or **UNNECESSARY HARDSHIP** as follows:

Dated: _____

Fee: \$125.00

PLOT PLAN

INFORMATION TO BE SHOWN:

Dimensions of Lot:

Dimensions of structures:

Distance of structures from Road, Both sides of lot lines, Rear of Lot:

Existing structures in contracting line:

Names/Addresses of neighbors who bound lot (including those across the street):

I hereby certify that the structure for which this permit will be issued will be built according to the NYS Fire and Construction Codes.

SIGNED: _____
(Owner of Property)

DATED: _____

APPROVED: _____
(Zoning Board of Appeals Chairperson)

DENIED: _____
(Zoning Board of Appeals Chairperson)