

VILLAGE OF  
FAYETTEVILLE  
1844

**Village of Fayetteville**  
**Zoning Board of Appeals**

425 Genesee Street East  
Fayetteville, New York 13066

Peter Olson, Zoning Board Chairman  
Telephone: (315) 637-9864  
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**ZONING BOARD of APPEALS**

(Please fill out the Application completely)

**Tax Map Number and Zone:**

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Date Filed: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Applicants Address: \_\_\_\_\_ Email: \_\_\_\_\_

Owner of Property: \_\_\_\_\_ Telephone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Denied by Code Enforcement On: \_\_\_\_\_

- Appeal is made herewith for: ( ) Interpretation of the Zoning Ordinance or Zoning Map  
( ) Variance from the area restrictions of the Zoning Ordinance  
( ) Variance from the use restrictions of the Zoning Ordinance  
( ) Other – Appeal \_\_\_\_\_

Code being appealed: Section \_\_\_\_\_ Title \_\_\_\_\_ Article \_\_\_\_\_

State basis for appeal:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Size of Parcel: \_\_\_\_\_ Width \_\_\_\_\_ Depth \_\_\_\_\_ Total Area \_\_\_\_\_ Shape \_\_\_\_\_

Current use of the property:  
\_\_\_\_\_  
\_\_\_\_\_

<b>Is the property located within 500 feet of:</b> (Please check one)	YES	NO
A boundary line of the Village of Fayetteville?	( )	( )
An existing or proposed County, State or Highway Road ?	( )	( )
An existing or proposed County, State Park or Recreation Area?	( )	( )
Right of way or County owned or used stream or drainage channel?	( )	( )
County or State owned lands with public building?	( )	( )
Is the property located within a flood plain or floodway?	( )	( )

**Description of proposed use:** \_\_\_\_\_

**Proposed hours of operation:** Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_  
 Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

**Expected peak hours:** Weekday \_\_\_\_\_ Week evening \_\_\_\_\_  
 Weekend day \_\_\_\_\_ Weekend evening \_\_\_\_\_

**Expected parking needs:** \_\_\_\_\_

**Expected exterior storage:** \_\_\_\_\_

**Description of any interior improvements:** \_\_\_\_\_

**Description of drainage flows and controls:** \_\_\_\_\_

**Full description of any exterior improvements:** \_\_\_\_\_

**Existing/ Proposed Signage:** \_\_\_\_\_

A sign design, site plan and or survey must be to scale showing the proposed improvement and must be attached to this application.

This original application, with required attachments, including and Environmental Assessment Form, plus ten copies must be received by this office at least 14 days prior to the Zoning Board of Appeals meeting in order to assure a position on the agenda.

**\*ATTENTION APPLICANTS: YOU OR PERSON(S) ACTING ON YOUR BEHALF MUST ATTEND THE SCHEDULED PUBLIC HEARING IN ORDER FOR YOUR APPLCAITON TO BE REVIEWED.**

**Print Name of property owner:** \_\_\_\_\_

**Signature of property owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

State of New York  
County \_\_\_\_\_ }

\_\_\_\_\_ being duly sworn, deposes and says that he/she is the person who has signed this application; that he/she is the \_\_\_\_\_, authorized by the said owner to make and file this application; that he/she has read and understands this application; that all statements contained therein are true to the best of his/her knowledge and belief; and the work will be performed in accordance with the application and the plans and specifications filed therewith.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Public \_\_\_\_\_

County \_\_\_\_\_

**\*\*\*\*\*OFFICIAL USE ONLY\*\*\*\*\***

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

	APPROVED	DENIED	DATE
Code Enforcement review:	_____	_____	_____
Planning Board Review:	_____	_____	_____
Zoning Board of Appeals:	_____	_____	_____

Condition(s) made part of approval:

\_\_\_\_\_  
\_\_\_\_\_