

Town of Horicon Zoning Board of Appeals

Application # _____

(518) 494-4245 Fax (518) 494-5240

email: zoningplanning@horiconny.gov

Website: horiconny.gov

Interpretation/Appeal Application

Applicant: _____

Mailing Address: _____

Phone Number(s) Home: _____ Work: _____ Cell: _____ Fax: _____

Applicant's Agent/Representative's Name (if Applicable) _____

Address: _____

Phone Number(s) Home: _____ Work: _____ Cell: _____ Fax: _____

Location of Property which is subject of decision/action _____

(Vacant lots are not assigned numbers until a driveway exists)

Tax Map Number or S/B/L: _____

Zone Classification & Acres: _____

If parcel is in multiple zones please indicate all zones.

Zones: CR-20,000 sq. ft.	CR-3.2 acre	R1- 20,000 sq. ft.	R1 – 1.3 acres
R1 – 2 acres	R1 – 3.2 acres	R1 – 10 acres	R1A – 3.2 acres
R1A – 5 acres	R2 – 2 acres	R2 – 3.2 acres	R2 - 5 acres
R2 – 2 acres	R2- 3.2 acres	R2 – 5 acres	R2- 10 acres
LC – 10 acres	LC – 42.6 acres	RRD – 3.2 acres	RRD – 5 acres
		RRD – 10 acres	

What Section(s) of Zoning Code applies to this action: _____

1) What decision or action do you feel was made incorrectly:

2) How do you interpret the Zoning Code for this action:

3) How does the determination/decision effect you and/or your property:

4) List items of proof you are submitting to substantiate your interpretation of the Zoning Code:

5) Any additional comments concerning this request:

Notice is hereby given that in the event the Town of Horicon determines that technical assistance is needed to review this appeal, the reasonable and necessary expenses associated with such review shall be borne by the applicant.

Applicant's Signature

Date

AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER

I, _____, the owner of record of the property described in this application hereby empower, _____ to act as my agent and representative in conducting presentations to the necessary board(s) and in deliberations with the board(s) pertaining to my application.

As my agent, he/she is empowered to act on my behalf in full. In so doing I, the owner applicant, understand that I am bound by any conditions imposed on my project and agreed to by my agent or by conditions or restrictions imposed by my agent as part of the presentation.

(If more than one owner, please have each owner sign and notarize separate authorizations)

Signature of Agent/Representative

Date

Signature of Owner/Applicant

Date

Sworn to before me this _____ day of _____ 20_____

Notary Public

Town of Horicon

Zoning Board of Appeals

Interpretation/Appeal Instructions

1. Please include **written decision** or action of the Town of Horicon Zoning Administrator.
2. Fill out and return **ten (10) copies** of this application with all materials to the Town of Horicon Zoning & Planning Office two (2) weeks prior to the next scheduled meeting of the Zoning Board of Appeals.
 - 2a) Deadline for applications is a **minimum of 14 days prior** to the regularly scheduled meeting. The ZBA meetings are held on the fourth Tuesday of each month at 7:00 PM. The schedule may change due to special circumstances, please check with the zoning/planning office for details. Please include **ten (10) copies** of your proof to substantiate our interpretation of the Zoning Code.
3. If the applicant is being represented by someone other than the aggrieved property owner of record, then the **AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER** must be completed and notarized.
4. Are there any additional documents presented as part of this application?

YES NO

Applicant's Check List:

Zoning Administrator's Decision _____

Application _____

Authorization Form (if applicable) _____

Additional Documentation _____