Town of Horicon Zoning Board of Appeals

Application	#
Lippinculon	/'

(518) 494-4245 Fax (518) 494-5240 email: zoningplanning@horiconny.gov

Website: horiconny.gov

Interpretation/Appeal Application

none Number(s) Home:	Work.	Cell.	Fax·
•			
oplicant's Agent/Representative's Na	ame (if Applicable)		,
idress:			
one Number(s) Home:	Work:	Cell:	Fax:
cation of Property which is subject of			
	(Vacant lo	ts are not assigned nun	nbers until a driveway exists
Tax Map Number or S/B/L:			
one Classification & Acres: If parcel is in multiple zones please			
Zones: CR-20,000 sq. ft.	CR-3.2 acre	, <u>-</u>	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 – 2 acres R2- 3.2 acres		R2 - 5 acres R2- 10 acres
LC – 10 acres		RRD – 3.2 acres RRD – 10 acres	RRD – 5 acres
	es to this action:		
hat Section(s) of Zoning Code applie			
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	ou feel was made incor	rectly:	
	ou feel was made incor	rectly:	

	is hereby given that in the event the Town of Horicon determines that technical assistance is needed to review this appoints and necessary expenses associated with such review shall be borne by the applicant.
5)	Any additional comments concerning this request:
4)	List items of proof you are submitting to substantiate your interpretation of the Zoning Code:

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

AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER

Ι,	, the owner of record of the
property described in this application h	ereby empower,
to act as my agent and representative in	conducting presentations to the necessary board(s) and in
deliberations with the board(s) pertaining	ng to my application.
As my agent, he/she is empowered to a	ct on my behalf in full. In so doing I, the owner applicant,
understand that I am bound by any cond	ditions imposed on my project and agreed to by my agent or
by conditions or restrictions imposed by	y my agent as part of the presentation.
(If more than one owner, please hav	ve each owner sign and notarize separate authorizations)
gnature of Agent/Representative	Date
gnature of Owner/Applicant	Date
worn to before me thisday of	20
otary Public	
otary I done	