

SUMMERDALE BOARD OF ADJUSTMENTS
APPLICATION FOR ZONING VARIANCE

Date: _____

Name of Applicant/Owner: _____

Address: _____

Property Location: _____

Owners of abutting property (adjacent, across the street, and to the rear of the affected property)

NAME

ADDRESS

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____

Article(s) and Section(s) for which the variance is requested: _____

Nature of variance requested: _____

Present Zone of Property: _____

Reason for Request: _____

Site plan attached showing lot dimensions, location and size of existing and proposed structure, yard dimensions and the use of structures and such other information regarding abutting property as directly affects the application.

This is to certify that I (we), the undersigned, do hereby request the Board of Adjustment of the Town of Summerdale, to grant a variance for the property as indicated above, and for the reason(s) stated.

Owner or Authorized Representative

Application fee of \$50.00 per Ordinance 376-08