

CITY OF OSWEGO

Zoning Department
(315) 342-8155

APPLICATION FOR AREA VARIANCE

APPLICANT:

TELEPHONE:

ADDRESS:

OWNER:

ADDRESS:

ATTORNEY/AGENT

ADDRESS:

PREMISES AFFECTED, situate in a (an)
of the City of Oswego with Address:
Tax Map #

Zoning District in the

Ward
being

Case #

City of Oswego Code Reference

Will the work being done constitute a change in the principal use of the premises?

If so, Proposed Use:

TO THE ZONING BOARD OF APPEALS

I (WE) HEREBY APPLY FOR A VARIANCE AS FOLLOWS:

Proposed Dimension	Required Dimension	Variance Requested	Type	Specific Provisions of Zoning Ordinance
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DECLARATION: I declare that the statements made in this application (including statements and information on accompanying documents and plans) have been examined by me and to the best of my knowledge and belief are true and correct.

Date: _____

Applicant

Councilor:

Fee: **\$75.00**