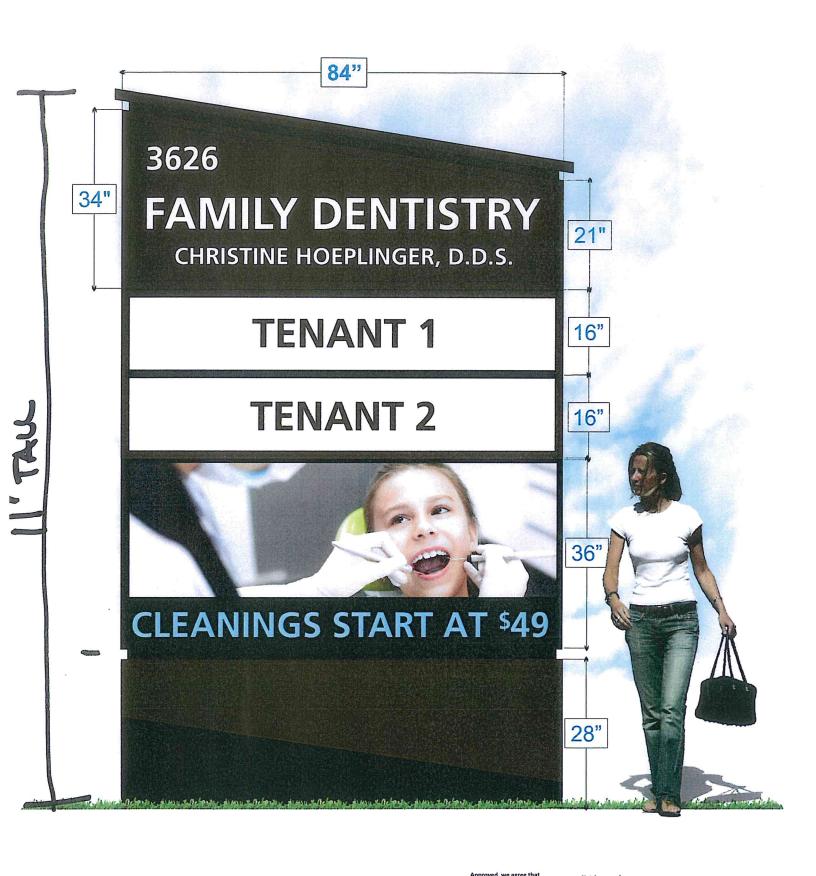
PPLICATION TO BOARD OF APPEALS Tel. No. TO THE ZONING BOARD OF APPEALS, WEST SENECA, NEW YORK: , HEREBY APPEAL TO THE ZONING BOARD OF APPEALS FROM THE DECISION OF THE BUILDING INSPECTOR ON AN APPLICATION FOR A BUILDING PERMIT NO.\_ \_\_, WHEREBY THE BUILDING INSPECTOR DID DENY TO ☐ A PERMIT FOR USE ☐ A CERTIFICATE OF EXISTING USE A PERMIT FOR OCCUPANCY A CERTIFICATE OF ZONING COMPLIANCE ☐ A TEMPORARY PERMIT OR EXTENSION THEREOF AREA PERMIT Applicant is the PROPERTY OWNER CONTRACTOR FOR THE WORK CONCERNED HEREIN PROSPECTIVE TENANT OTHER (Describe) 2. LOCATION OF THE PROPERTY 3. State in general the exact nature of the permission required, 4. PREVIOUS APPEAL. No previous appeal has been made with respect to this decision of the Building Inspector or with respect to this property, except the appeal made in Appeal No... , dated 5. REASON FOR APPEAL. A. A Variance to the Zoning Ordinance is requested because strict application of the ordinance would produce undue hardship, or the hardship created is unique and is not shared by all properties alike in the immediate vicinity of this property and in this use district, or the variance would observe the spirit of the ordinance and would not change the character of the district because: B. Interpretation of the Zoning Ordinance is requested because: C. A Special or Temporary Permit or an Extension thereof Under the Zoning Ordinance is requested pursuant to Article Section , Subsection of the Zoning Ordinance, because: , Paragraph Signature TO BE COMPLETED BY THE BUILDING INSPECTOR Rrovision(s) of the Zoning Ordinance Appealed, including article, section, subsection or paragraph of the Zoning Ordinance RESIDENTIAZ SIGN COMMERCIA 2. Zoning Classification of the property concerned in this appeal 3. Type of Appeal: Variance to the Zoning Ordinance.

Interpretation of the Zoning Ordinance or Zoning Map

4. A statement of any other facts or data which should be considered in this appeal.

☐ Special or Temporary Permit or an extension thereof under the Zoning Ordinance.

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Client Approval:

DESIGNER:
Michael Sprada
mike@santorosigns.net

CLIENT NAME:

Hoeplinger
Dentist

CLIENT NAME:

FILE NAME:

FILE NAME:

DATE: 10-10-17

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