

**TOWN OF ROCKLAND
ZONING BOARD OF APPEALS VARIANCE REQUEST**

OWNER

AGENT FOR OWNER

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Telephone Number _____

Telephone Number _____

Cellular Phone Number _____

Cellular Phone Number _____

Fax Number _____

Fax Number _____

Email Address _____

Email Address _____

The present zoning is _____

Describe the variance being requested and the associated hardship:

Describe the changes or alterations to the zoning ordinance being proposed:

Property Location and Description:

Parcel Number(s): _____ Size of parcel(s) _____ acres.

Note:

1. THE APPLICANT IS REQUIRED TO PROVIDE A SCALED SITE PLAN, INCLUDING PICTURES, OF THE PROPOSED PROPERTY OR BUILDING ALTERATIONS. DRAWINGS WITH CORRECT DIMENSIONS TO BUILDINGS, PROPERTY LINES, OR OTHER TOPOGRAPHIC FEATURES ARE TO BE SUBMITTED AS REQUIRED BY THE ZONING BOARD OF APPEALS COMMITTEE. THE COMMITTEE RETAINS THE RIGHT TO REJECT ALL REQUESTS THAT DO NOT HAVE SUFFICIENT BACKGROUND DATA PRIOR TO THE SCHEDULED MEETING.
2. ATTENDANCE IS REQUIRED AT THE HEARING WHERE ACTION/APPROVAL IS TO TAKE PLACE, UNLESS OTHER ARRANGEMENTS ARE MADE WITH TOWN STAFF.
3. THE APPLICANT/OWNER OF ABOVE PARCEL(S) HEREBY GIVES PERMISSION TO THE TOWN OF ROCKLAND, ITS STAFF/EMPLOYEES, AGENTS AND/OR APPOINTEES TO ENTER THE PROPERTY FOR PURPOSES OF THIS REQUEST WITH PROPER NOTIFICATION TO APPLICANT/OWNER.
4. UPON APPROVAL OF REQUEST, CHECK WITH ROCKLAND ZONING ADMINISTRATOR FOR ANY NECESSARY PERMITS.

Signature of Owner: _____ Date: _____

Signature of Agent for Owner _____ Date: _____

DISPOSITION (For Office Use Only):

Section of the Rockland Code in which the applicant/owner cannot maintain _____

Date of Publishing: _____

Date of Request: _____

Committee Recommendation _____

Date of Recommendation: _____

Town Board Action: _____

Date of Action: _____

Fee Amount Paid: _____ Check No. _____

Application denied by _____ on _____.

Reason for denial:

