

4052 Route 42, Monticello, NY 12701 | Phone: (845) 794-2500 | E-mail: Planning@townofthompson.com

Area Variance Application

Tax #: S/B/L:	Location:	Zone:				
(Street Name and Number)						
CONTACT INFORMATION:						
PROPERTY OWNED BY:		APPLICANT:				
Individual:		Individual:				
Company:		Company:				
		Address 1:				
Address 2:		Address 2:				
Phone:		Phone:				
E-mail:		-mail:				
Name of person who will appear before the Board: Affiliation: Owner Agent/Representative Contract Vendee Other: Other:						
Denial of an application for build	ing permit? Yes:	No: Date of denial:				
Is the property located within a HOA? Yes: No: If yes, the HOA approval letter must be submitted.						
Additionally, if the Owner is no	t submitting this applica must be submitted for	ation and/or attending the meeting an Owner's Proxy their representative.				
State the reason you are applying	g for the area variance:					
Describe the character of the ne	ighborhood:					
Attach a Current Survey drawn to 1) Location of <u>all</u> existing structures ar 2) Location(s) of proposed improveme 3) \$100.00 application fee due at subr	nd other site improvements (ents.	e following: i.e. well, septic system/sewer lines, streets, easements etc.).				
CERTIFICATION/ACKNOWLEDGEM	ENT					
THE UNDERSIGNED HEREBY REQUESTS APPROV	AL BY THE ZONING BOARD ON THE	ABOVE-IDENTIFIED APPLICATION.				
Signature:		Title:				
		Date:				

<u>Application must be submitted via pdf</u> and all fees must be paid prior to placement on an agenda. <u>Incomplete applications will not be placed on the agenda</u> for the next scheduled meeting. Thank you.

This institution is an equal opportunity provider and employer.



4052 Route	42, Monticello, NY 1	2701 Phone:	(845) 794-2500 E-m	ail: Planning@town	ofthompson.com		
Owner Name:	S/B/L:						
	OW	/NER'S P	PROXY STATI	EMENT			
(Owner)	hereby deposes and says that he/she resides at						
			in the co	ounty of	and State of		
	and that h	e/she is the	owner of the premis	es described in the	e foregoing application and		
that he/she has authoriz	ed		to make th	ne foregoing applic	cation as described therein.		
 Date	Owner's Signatur	e	Witne	ess' Signature			
	tnership or association applicant. □ Planning Boar	tion making s d □ Zonin	g Board of Appeals	tition or request (h	ality of which such municipalit nereinafter called the applicant County Planning Board		
TIPE OF APPLICATION.	TION: □ Variance □ Site Plan □ Subdivision □ Special Use □ Change of Zone □ Other:						
NAME	RESIDE	NCE		NATURE & EXT	ENT OF INTEREST		
The above individuals ha none, then so state.	ve interest requirin	g disclosure i	n accordance with s	ection 809 of the I	NYS General Municipal Law. If		
 Date	Annlican	nt Signature					

This institution is an equal opportunity provider and employer.