

TOWN OF AVA
APPLICATION FOR APPEAL OF THE ZONING LAW

Tax Parcel Number: Section: _____ Block: _____ Lot: _____
Log No.: _____

Application Date: _____

Application for (*check one*): ☐ Interpretation ☐ Area Variance ☐ Use Variance

Request relates to the following provisions of the Zoning Law (*check one*):

Article: _____ Section: _____ Subsection: _____

1. Applicant's Name: _____

Owner of Property (*if different*): _____

Applicant's Address: _____

Applicant's Phone Number: _____

2. Property Location: _____

3. Purpose of Request (*attach extra sheet if more space is needed*): _____

4. Justification of Request (*attach extra sheet if more space is needed*): _____

5. Previous Appeals: Appeal Number: _____ Date: _____

6. (*If applicable*) Application denied by Zoning Enforcement Officer/Building Inspector/ Planning Board on _____
_____, 20____. (*Attach copy of denial.*)

The applicant will submit with this application supporting materials, including plans, elevations, landscaping diagrams, traffic circulation diagrams, neighborhood land use maps, and any other materials that will assist the board to understand the request.

Applicant Signature

Date