

Town of Walton  
129 North Street  
Walton, NY 13856

Application No.:	_____
Date of Receipt:	_____
Date of Public Hearing:	_____
Postal Return Receipts Submitted:	_____
Notice of Action:	_____
Date of Filing with Town Clerk:	_____
Filing Fee Collected:	_____

**Application to the Zoning Board of Appeals**

**Instructions:**

**This form shall be filed with the Zoning Board of Appeals ten (10) business days prior to a regularly scheduled meeting. Please attach a sketch map or site plan. Postal receipts required at beginning of Public Hearing.**

( If property is not owned by the applicant. The applicant must submit a statement or explanation by the property owner authorizing to appeal on his/her behalf.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State & Zip code: \_\_\_\_\_

Appeal and Reason:

I \_\_\_\_\_ hereby appeal to the Zoning Board of Appeals concerning the decision of the Code Enforcement Officer on the Application for Zoning

Permit Application #: \_\_\_\_\_ Dated: \_\_\_\_\_

denying a permit       granting a permit

1. Location of property: \_\_\_\_\_

2. Tax Map Number: \_\_\_\_\_

3. Zoning District: \_\_\_\_\_

4. Provision (s) of Zoning Law Appealed:

Article: \_\_\_\_\_ Section: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Type of Appeal: (Please check appropriate box)

An Area Variance to the Zoning Law

An Use Variance to the Zoning Law

An Interpretation of the Zoning Law or Zoning Map

6. Reason for Appeal:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_