

**Town of Horicon
Zoning Board of Appeals**

Application # _____

PO Box 90
Brant Lake, NY 12815
(518) 494-4245
Fax (518) 494-5240
email: horiconzoning@yahoo.com
website: horiconny.gov

Interpretation/Appeal Application

Applicant(s) Name: _____

Mailing Address: _____

Phone Number(s) _____

Applicant's Agent/Representative's Name (if Applicable) _____

Address: _____

Phone Number(s) _____

Location of Property which is subject of decision/action _____

Tax Map Number or S/B/L: _____

Zone Classification & Acres: _____

If parcel is in multiple zones please indicate all zones.

- ZONES:** CR-20,000 sq. ft, CR-3.2 acres,
R1-20,000 sq. ft, R1-1.3 acres, R1-2 acres, R1-3.2 acres,
R1-10 acres, R1A-3.2. acres, R1A-5 acres,
R2-2 acres, R2-3.2 acres, R2-5 acres, R2-10 acres,
LC-10 acres, LC-42.6 acres,
RRD-3.2 acres, RRD-5 acres, RRD-10 acres.

What Section(s) of Zoning Code applies to this action: _____

1) What decision and/or action do you feel was made incorrectly: _____

2) How do you interpret the Zoning Code for this action: _____

3) How does the decision and/or action effect you and/or your property: _____

List items of proof you are submitting to substantiate your interpretation of the Zoning Code.

Any additional comments concerning this request? _____

Notice is hereby given that in the event the Town of Horicon determines that technical assistance is needed to review this appeal, the reasonable and necessary expenses associated with such review shall be borne by the applicant.

Applicant's Signature

Date

Applicant's Signature

Date

AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER

I, _____, the owner of record of the property described in this application hereby empower, _____ to act as my agent and representative in conducting presentations to the necessary board(s) and in deliberations with the board(s) pertaining to my application.

As my agent, He/She is empowered to act on my behalf in full. In so doing I, the owner applicant, understand that I am bound by any conditions imposed on my project and agreed to by my agent or by conditions or restrictions imposed by my agent as part of the presentation.

Signature of Agent/Representative

Date

Notary

Signature of Owner/Applicant

Date

Notary

Signature of Owner/Applicant

Date

Notary

Town of Horicon

Zoning Board of Appeals

Interpretation/Appeal Instructions

- 1.** Please include **written decision** or action of the Town of Horicon Zoning Administrator.
- 2.** Fill out and return **ten (10) copies** of this application with all materials to the Town of Horicon Zoning & Planning Office two (2) weeks prior to the next scheduled meeting of the Zoning Board of Appeals.

2A) Please include **ten (10) copies** of your proof to substantiate your interpretation of the Zoning Code.
- 3.** If the applicant is being represented by someone other than the aggrieved property owner of record, then the AUTHORITY TO ACT AS AGENT FOR PROPERTY OWNER must be completed and notarized.
- 4.** Are there any additional documents presented as part of this application?
YES NO

Applicant's Check List:

Zoning Administrator's Decision _____

Application _____

Authorization Form (if applicable) _____

Additional Documentation_____