

**APPLICATION FOR APPEAL**  
**Zoning Board of Appeals**  
**Town of Pittstown**  
**Valley Falls, NY 12185**

Tax Map No. \_\_\_\_\_

Date: \_\_\_\_\_

**PROCEDURE:** The appeal of a decision of Building Inspector or Zoning Officer may be made to the Zoning Board of Appeals by any person, firm or corporation, or by an officer, department, board, or bureau affected by such decision. The appeal shall be within thirty (30) days of said decision by filing with the Town Clerk on this form. The following attachments must accompany the appeal:

1. Diagram of entire lot with existing improvement.
2. Copy of decision pertaining to the appeal.
3. Check for \$25.00 for appeal.

Applicant/Appellant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Owner of Property: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Property is located on the \_\_\_\_\_ side of \_\_\_\_\_ (street, avenue) between \_\_\_\_\_ (street, avenue) and is known as No. \_\_\_\_\_.

Present Zoning \_\_\_\_\_ Present Use \_\_\_\_\_

Present Improvements \_\_\_\_\_

Appeal for: ( ) Area Variance ( ) Use Variance ( ) Special Use Permit

Reason for Appeal: \_\_\_\_\_  
\_\_\_\_\_

Section of Zoning Ordinance violated: \_\_\_\_\_

If Hardship Explain: \_\_\_\_\_  
\_\_\_\_\_

Include any comments, recommendations, or requirements of any Town of Pittstown authorities that may be applicable to this appeal.

\_\_\_\_\_  
Signature of Applicant/Appellant