

APPLICATION TO TOWN BOARD FOR ZONE CHANGE



TOWN OF VAN BUREN
7575 VAN BUREN ROAD
BALDWINVILLE, NY 13027
PHONE 315-635-3009 FAX 315-635-8247
www.townofvanburen.com

PROPERTY LOCATION: _____

APPLICANT NAME AND ADDRESS: _____

PHONE NUMBER: _____

PROPERTY OWNER NAME AND ADDRESS: _____

PHONE NUMBER: _____

PROPERTY TAX MAP NUMBER _____.

CURRENT ZONING CLASSIFICATION _____.

PROPOSED ZONING CLASSIFICATION _____.

PROPOSED USE OF PROPERTY AND BUILDINGS - (attach separate sheet, if more room is needed)

THE APPLICANT HEREBY CERTIFIES THAT ALL STATEMENTS MADE HEREIN ARE ACCURATE AND TRUE TO THE BEST OF APPLICANTS KNOWLEDGE.

DATE _____

APPLICANT SIGNATURE

SWORN BEFORE ME, THIS _____ DAY OF _____ 20 .

NOTARY PUBLIC

THIS APPLICATION MUST BE FILED WITH THE FOLLOWING DOCUMENTATION.

- WRITTEN LEGAL DESCRIPTION OF PROPERTY.
- 20 COPIES OF PLOT PLAN OR SURVEY MAP.
- PURCHASE CONTRACT OR WRITTEN PERMISSION, IF OTHER THAN OWNER.
- NECESSARY FEES

DATE FILED WITH CODE ENFORCEMENT OFFICER _____.

Incorporated 1829

Supervisor
635-3009

Town Clerk
635-3009

Codes
635-3009