



TOWN OF  
**Ogden**  
COUNTY OF MONROE  
STATE OF NEW YORK

**ZONING BOARD OF APPEALS**  
*For Variances and Special Permits*

Town of Ogden     Village of Spencerport

**Subject Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Tax I.D. Number:** \_\_\_\_\_

**Subdivision & Lot No.:** \_\_\_\_\_  
\_\_\_\_\_

**APPLICANT**

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone #** \_\_\_\_\_  
\_\_\_\_\_

**PROPERTY OWNER**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone #** \_\_\_\_\_  
\_\_\_\_\_

***Please Describe:***

(Include sizes; including height, construction materials and any other information that Zoning Members may find helpful)

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

***Appeal Description:***

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

*As owner or legal agent of the owner I do hereby swear that all of the statements, descriptions and signatures appearing on this application are true and accurate to the best of my knowledge.*

\_\_\_\_\_  
*Applicant*

\_\_\_\_\_  
*Property Owner*  
*(Must be signed if NOT Applicant)*

*Hearing Date:* \_\_\_\_\_ *Date Paid:* \_\_\_\_\_ *Amount: \$* \_\_\_\_\_ *Received by:* \_\_\_\_\_

***\*\*Please note that once this application has been initiated only a partial refund, 50% of the fee paid, will be available for a withdrawn application.***

***For Office Use Only: Height, Setback, Closed Construction, Square Footage?***