

**TOWN OF HYDE PARK
ZONING BOARD OF APPEALS**

4383 Albany Post Road
Hyde Park, N.Y. 12538
Tel (845) 229-0316
Fax (845) 229-0349

APPLICATION NO. _____

**APPLICATION TO THE ZONING BOARD OF APPEALS
TOWN OF HYDE PARK, NEW YORK
REQUEST FOR INTERPRETATION**

(TYPE, OR PRINT IN DARK INK)

I. PROPERTY ADDRESS: _____
TAX GRID NO.: _____
ZONING DISTRICT: _____

II. PROPERTY OWNERSHIP:
NAME OF OWNER: _____
ADDRESS: _____

III. APPLICANT INFORMATION:
APPLICANT NAME: _____
ADDRESS: _____

PHONE NUMBER: _____

(IF THE APPLICANT IS NOT THE OWNER, WRITTEN PROOF THAT THE OWNER
CONSENTS TO THE APPLICATION MUST BE SUBMITTED WITH THE APPLICATION.)

VI. SIGNATURE AND VERIFICATION

Please be advised that no application can be deemed complete unless signed below.

I hereby certify that the information enclosed herewith and on the application is accurate and factual:

Signature of Applicant: _____ Date: _____

I the record owner do hereby authorize _____ to represent me before the Zoning Board of Appeals during the area variance process:

Signature of Applicant: _____ Date: _____

9/05