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 TO THE ZONING BOARD OF APPEALS TOWN OF HYDE PARK, NEW YORK REQUEST FOR INTERPRETATION (TYPE, OR PRINT IN DARK INK)					
PROPERTY ADDRESS:					
TAX GRID NO.:					
ZONING DISTRICT:					
PROPERTY OWNERSHIP:					
NAME OF OWNER:					
ADDRESS:					
APPLICANT INFORMATION:					
APPLICANT NAME:					
ADDRESS:					

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

IV. <u>INTERPRETATION REQUEST</u>

		By an ind Applica			the	order,	requiremen	nt, decision or determination of (Zoning Administrator/Buildin		
	Inspector) dated and requests an interpretation of the foll section(s) of the Hyde Park Zoning Code, and reasons for the Interpretation as it to a specific application or to a general interpretation of the Code.									
			ppnear.				mterpretation	Tor the code.		
ву а	y an official of the Town:									
	The applicant, being an official or department of the Town, requests an interpretation of the following section(s) of the Hyde Park Zoning Code, as follows:									

LIST	Γ OF ATTACHMENTS
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1.	Site or Plot Plan (if applicable): Eleven (11) copies.
2.	Letter or communication which resulted in application to the ZBA (if applicable).
3.	List of abutting property owners, by name, address and grid number. (Section 108-33.5)
4.	Letter of owner consenting to application (if applicable).
5.	Type II Action Only – Original and six (6) copies of the SHORT FORM ENVIRONMENTAL ASSESSMENT FORM, 617.20, Appendix C with Part I completed.
6.	Other attachments deemed pertinent by the applicant (please list):
	(a)
	(a) (b)
	(c)
	(d)
	` /

V.

VI. <u>SIGNATURE AND VERIFICATION</u>

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

I hereby certify that the information enclose accurate and factual:	sed herewith and on the application is
Signature of Applicant:	Date:
I the record owner do hereby authorize represent me before the Zoning Board of Ap	
Signature of Applicant:	Date:
9/05	