

Calendar Number: _____-Z
(Staff Use Only)



Zoning Board of Appeals
Department of Planning & Community Development
City Hall - Roosevelt Square
Mount Vernon, New York 10550-2060
(914) 699-7230 • FAX (914) 699-1435

Clinton I. Young, Jr.
Mayor

Irwin S. Davison, Esq.
Chair

Zoning Board Application
(Please type or print clearly)

Application Type:

(Check all that apply)

Area Variance Use Variance Interpretation Amendment

(If amendment, provide previous calendar number): _____-Z

Property Identification:

Address: _____

Map page: _____ Block: _____ Lot(s): _____

Zoning District: _____ Existing Site area: _____

Owner Information:

Name: _____

Address: _____

Telephone #: _____

Fax #: _____

E-mail Address: _____

Applicant Information:

(Provide if someone other than the property owner is the applicant)

Name: _____

Address: _____

Telephone: _____

Fax #: _____

E-mail Address: _____

Legal Representative Information:

(Provide if someone other than the property owner is the applicant)

Name: _____

Company: _____

Address: _____

Telephone #: _____

Fax #: _____

E-mail Address: _____

Lead Design Professional Information:

(Indicate the primary design professional associated with this application)

Name: _____

Title: _____

(Check all that apply)

Architect Engineer Contractor Other (Specify): _____

Company: _____

Address: _____

Telephone #: _____

Fax #: _____

E-mail Address: _____

Proposed Site:
(Property where variances are requested)

Existing Use(s): _____

Proposed Use(s): _____

Size of principal building: _____

Size of accessory building: _____

Number of storefront spaces: _____

Number of dwelling units on site: _____

Does the application consist of construction or the expansion of primary or accessory/appurtenant, non-residential structure(s) or facility(ies) involving less than 4,000 square feet of gross floor area?

Yes No

Parking Information:

Is off-street parking provided? Yes No If yes, indicate:

The number of spaces on the lot prior to project approval: _____

The number of spaces on the lot after project will be completed: _____

Is there a variance request for off-street parking? Yes No If yes, indicate:

The number of spaces: _____

With the completion of this application, I hereby state that the information provided and all accompanying documentation is accurate to the best of my knowledge, and that the attached plans contain all information required by the appropriate checklist.

Signature of Owner

Date

Signature of Applicant
(If different from owner)

Date