

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

Richard Thomas  
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