



Town of Ticonderoga

132 Montcalm Street
P.O. Box 471
Ticonderoga, NY 12883
(518) 585-6677
Fax (518) 585-7211

ZONING INTERPRETATION REQUEST/APPEAL FORM

(Clerk's Office Use Only)

APPLICATION NO: _____ **DATE :** _____

FEE PAID: _____

An appeal to the Planning and Zoning Board from any ruling of any administrative officer administering any portion of the Zoning Regulations may be taken by any aggrieved person or town department, board, or officer affected thereby. Such appeal shall be taken by filing with the officer from whose action the appeal is based and with the Planning and Zoning Board by filing with the secretary thereof a notice of appeal, specifying the grounds in which is it based upon. Every request for an appeal shall include this completed form and shall refer to the specific provisions of the Zoning Regulation in question, and shall include the exact interpretation that is claimed.

TO ENSURE TIMELY REVIEW OF YOUR APPLICATION PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROVIDE WITH THIS APPLICATION THE FOLLOWING DOCUMENTATION:

- **A copy of the Zoning Administrator's or Zoning Officer's zoning interpretation and/or permit denial letter constituting the basis of the interpretation request and/or appeal**
- **Copy of the current Owner's Deed**
- **Copies of all correspondence or permit/approval documents filed for the project**
- **If the Owner is not the Applicant an Authorization of Agent form must be provided**
- **Written verification or other proof supporting the statements made below may be requested if the Planning and Zoning Board determines that such information is necessary in its review**

THE FOLLOWING SUBMISSIONS ARE REQUIRED:

ONE (1) ORIGINAL SIGNED SET OF APPLICATION MATERIALS AND SUPPORTING DOCUMENTATION.

SEVEN (7) COPIES OF THE APPLICATION MATERIALS AND ALL SUPPORTING DOCUMENTATION.

NOTE THAT ALL MAPS AND DRAWINGS MAY BE SUBMITTED ON 11X17 PAPER PROVIDED THAT ONE FULL SIZE SET OF PLANS IS SUBMITTED WITH THE ORIGINAL SET.

ONE (1) ELECTRONIC COPY VIA PDF EITHER ON A FLASH DRIVE OR EMAILED TO buildinginspector@townofticonderoga.org IF YOU CANNOT SUBMIT ELECTRONICALLY CONTACT THE CODE ENFORCEMENT OFFICE BEFORE SUBMITTING YOUR APPLICATION.

ALL APPLICATION MATERIALS ARE DUE NO LATER THAN TWELVE NOON ON THE FIRST BUSINESS DAY OF THE MONTH PRIOR TO THE MEETING, I.E., APPLICATION MATERIALS FOR A DECEMBER MEETING ARE DUE NO LATER THAN THE FIRST BUSINESS DAY OF NOVEMBER, ETC.

IF YOUR APPLICATION IS TABLED FOR ANY REASON, PLEASE NOTE THAT ALL MATERIALS REQUESTED MUST BE SUBMITTED BY THE 15TH OF THE MONTH AT TWELVE NOON. IF THE 15TH FALLS ON A SATURDAY OR SUNDAY, THE DEADLINE IS THE NEXT FOLLOWING BUSINESS DAY AT TWELVE NOON.

THERE ARE NO EXCEPTIONS TO THE FILING DEADLINES.

GENERAL INFORMATION

Tax Parcel ID Number: _____

Zoning District: _____

Total Parcel Area: _____

Owner Name & Address: _____

Detailed description of project to which request relates [include current & proposed use(s)]:

Are there any zoning violations on the Property? Yes No

If yes, please explain:

Present status of project:

Is the parcel in question within 500 feet of; a County or State Highway, Right-of-Way or Park, an Agricultural Farm Operation, a Municipal Boundary or Other Local, State, or Federal Facility or Lands? Yes No

If yes, please explain:

APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____

Applicant Fax: _____

Applicant E-Mail: _____

Agent's Name: _____
Agent's Address: _____
Agent's Phone: _____
Agent's Fax: _____
Agent's E-Mail: _____

Owner's Name: _____
Owner's Address: _____
Owner's Phone: _____
Owner's Fax: _____
Owner's E-Mail: _____

ZONING INFORMATION

An Interpretation Request or Appeal is intended to clarify a certain portion of the Zoning Law or Regulations. It may or may not relate to a specific project or may apply to a planned project not yet constructed.

1. Please provide the Chapter, Section Number, and Paragraph Letter and/or Sub-Section of the Zoning Law for which you are requesting an interpretation:

Section: _____

Language: _____

2. What is the Zoning Administrator's interpretation of this Section of the Zoning Law? (Attach copies of permit denial or interpretation letters from the Zoning Office)

3. What is your interpretation of this Section of the Zoning Law?

4. Additional Comments:

To the best of my knowledge, information, and belief the information presented in this Application, and any supplemental information provided or attachments include herein, are true, correct and complete and no material facts have been omitted. I understand any decision by the Zoning Board on any Appeal or Interpretation Request shall EXPIRE if the Applicant fails to obtain the necessary zoning permit or comply with the conditions of said authorized permit within (6) six months from the date of authorization thereof.

Date: _____

Name: _____

Signed: _____