

**TOWN OF STANLEY
APPEAL AND VARIANCE
GENERAL APPLICATION**

APPLICATION NO: _____ DATE _____

PERMIT OR RELIEF REQUESTED: APPEAL _____ VARIANCE _____
(Check one)

APPLICANT'S NAME _____

PROPERTY OWNER'S NAME _____
(If different from Applicant)

APPLICANT'S MAILING ADDRESS _____

PROPERTY OWNER'S MAILING ADDRESS _____

APPLICANT'S PHONE # _____

PROPERTY OWNER'S PHONE # _____

RELATIONSHIP OF PROPERTY OWNER TO APPLICANT _____

EXISTING USE OF PROERTY _____

PROPERTY LOCATION _____

TAX MAP AND PARCEL NUMBER (For Variance Applications Only) _____

The following information shall be completed by Applicants seeking an appeal of a decision made by the Zoning Administrator:

DATE OF ZONING ADMINISTRATOR'S DECISION _____

SUMMARY OF ZONING ADMINISTRATOR'S DECISION _____

REASON FOR APPEAL OF DECISION _____

The following information shall be completed by Applicants seeking a Variance:

VARIANCE SOUGHT: _____

REASON FOR VARIANCE: _____

Request for variances will be accompanied by a sketch plan which shall show, in scaled form, the location and size of: (1) the boundaries of the lot (s) in questions, (2) the size, shape and location of all existing buildings, parking facilities and accessory buildings, (3) the size, shape and location of all proposed buildings, parking facilities and accessory uses (4) the location and type of screening and buffering proposed, and, (5) other information deemed by the Zoning Administrator to be necessary to consider the application. All completed applications for variances or appeals shall be submitted to the Zoning Administrator at least fifteen (15) days prior to the public hearing and shall be accompanied by a fee (**paid to the Town Clerk or Administrator in cash or check payable to the Town of Stanley**) of \$ _____ dollars in order to be considered complete.

