



# Village of Webster

## Zoning Board of Appeals

### *Base Application*



**Applicant:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Property Owner:** *(If different from above)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Engineer/Contractor:** *(If applicable)*

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Address:** \_\_\_\_\_

**Tax ID #:** \_\_\_\_\_

**Zoning:** \_\_\_\_\_

**Application Type:**

\_\_\_\_\_ Area Variance          \_\_\_\_\_ Special Use Permit          \_\_\_\_\_ Site Plan          \_\_\_\_\_ Signage

\_\_\_\_\_ Use Variance          \_\_\_\_\_ Lot Lines          \_\_\_\_\_ Subdivision (*major/minor*)

\_\_\_\_\_ *Other:* \_\_\_\_\_

**Project Description:**

\_\_\_\_\_  
\_\_\_\_\_

**Authorization:**

As an applicant or legal agent for the property listed above, I certify that all information supplied on this application is complete and accurate. I hereby grant permission for members of the Zoning Board, and Village staff to enter my property listed above for inspection, in connection with this application, during the dates/times listed below:

*Please list preferred days of the week and times when staff can visit your property:*

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_