



CITY OF GENESEO ZONING BOARD OF APPEALS APPLICATION

An application with required attachments and a \$200.00 fee must be presented to the secretary of the Zoning Board of Appeals no later than the first Monday of the month.

Applicant's Name: _____ Phone: _____

Address: _____

Address of Property Affected: _____

Zoning Classification: _____

Legal Description or Property Tax Description: _____

Use of existing structure: _____ Use of proposed structure: _____

Application is made for: _____ (variance, nonconforming use, appeal)

State reasons for making this application and state purpose of proposed structure, if applicable. On 8 ½" X 11" paper, draw to scale the shape and size of property with front, side, and rear yard dimensions from structure, including square footage measurements of existing structure and square footage measurements with dimensions from property line of any proposed structure.

I (we) certify that the statements contained herein and the plans submitted herewith are true to the best of my (our) knowledge and belief. I (we) consent to the entry in or upon the premises described in the application by an authorized official of the City of Geneseo.

Signature of Applicant

Date

Signature of Owner

Date