



FEE: **\$150.00**
(Make check payable to:
City Controller)

CASE NO: _____

**ZONING AMENDMENT APPLICATION
CHAPTER 1302.09
NIAGARA FALLS ZONING ORDINANCE**

ADDRESS OR LEGAL
DESCRIPTION OF PROJECT _____

PROPOSED USE _____

We, the undersigned property owner(s) within the City of Niagara Falls, New York, do hereby petition you to:

A) Amend the Zoning District Boundaries from _____ to _____ for the following property/properties:

OR

B) Change the Zoning Provisions of _____ District, Subsection _____ to permit/allow the following:

We are unable to comply with the Existing Zoning because:

The undersigned owner/applicant certifies that the plans and information as submitted for review and decision by the Planning Board and the City Council is true and accurate.

_____ Owner Name	(Please Print)	_____ Applicant Name	(Please Print)
_____ Owner Signature		_____ Applicant Signature	
_____ Address of Owner		_____ Address of Applicant	
_____ Telephone Number		_____ Telephone Number	
_____ Date		_____ Date	

State of New York
County of Niagara
City of Niagara Falls

On this _____ day of _____, 20____ before me the subscriber personally appeared all the above persons, to me personally known and known to me to be the same persons described in and who executed the within instrument, and they acknowledged to me that they executed the same.

_____ Date	_____ Notary Public (stamp)
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SUPPLEMENTARY DOCUMENTATION REQUIRED:

- 1) Written description of project (proposal)
- 2) SEQRA (long form required)
- 3) Survey/Map showing all applicable properties
- 4) Conceptual or Site Plan (if applicable)
- 5) Owner authorization (if applicant different from owner)
- 6) Requisite Fee