



**NIAGARA FALLS  
ZONING BOARD OF  
APPEALS**

FEE: \$150.00

Make check payable to: "City Controller"

CASE NO: \_\_\_\_\_

**ADJUSTMENT APPLICATION FORM**  
(Chapter 1302.1 Niagara Falls Zoning Ordinance)

**APPLICATION TYPE**

Use Variance (1302.1.1)  Area Variance (1302.1.2)

APPLICANT: \_\_\_\_\_

PROJECT ADDRESS: \_\_\_\_\_

ZONING: \_\_\_\_\_

EXISTING USE: \_\_\_\_\_

PROPOSED: \_\_\_\_\_

**For Use Variances:** Applicant alleges (check all that apply and provide supporting evidence)

- They cannot realize a reasonable financial return without the variance
- The hardship is unique and does not apply to the general neighborhood
- The variance will not alter the character of the neighborhood
- The hardship has not been self-created

**For Area Variances:** Applicant alleges (check all that apply and provide supporting evidence)

- The variance will not create an undesirable change in the character of the area or nearby properties
- Benefit sought cannot be achieved by some other method
- Benefit sought is not substantial
- Will not have an adverse impact on the physical or environmental conditions
- Difficulty is not self-created

Required \_\_\_\_\_ Chapter/Section \_\_\_\_\_

Proposed \_\_\_\_\_

Variance Requested

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**PUBLIC HEARING:**            **DATE:** \_\_\_\_\_            **TIME:**    5:30 PM

**LOCATION:**                    CITY HALL COUNCIL CHAMBERS, 745 MAIN STREET, NIAGARA FALLS

**The Applicant or representative must be present at hearing.**

**Is the project located within or subject to:**

Register of Historic Buildings	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Within 500' of State Park	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Niagara County Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Niagara Falls Planning Board Site Plan Approval	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**REQUIRED ENCLOSURES:**

Letter of intent describing the nature and form of the proposed development  
Site Plan or Survey  
SEQRA application form  
Application Fee

The undersigned owner/applicant certifies that the plans and information as submitted for review and decision by the Zoning Board of Appeals is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Address of Applicant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner, if different from Applicant

\_\_\_\_\_  
Address of Owner

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

*For assistance with this form, contact Niagara Falls Inspections Department at 286-4450*