

TOWN OF WILSON
375 Lake Street, P.O. Box 537
Wilson, New York 14172
www.wilsonnewyork.com



Doyle H. Phillips, Supervisor
A. Diane Muscoreil, Town Clerk
Phone (716) 751-6704
FAX (716) 751-6706

Date: _____

Area Variance Application

APPLICANT

I hereby state that all the above statements and the statements in all exhibits transmitted with this application are true.

Applicant Name: _____
PRINTED

Applicant Signature: _____

Mailing Address: _____

Phone: _____
(Daytime) (Evening)

CODE ENFORCEMENT OFFICER

Property Address: _____

SBL# _____ Zone Class: _____

Request: _____

(Please attach additional pages for request if needed)

APPLICATION INSTRUCTIONS: All required documents and fees must be submitted **two weeks prior** to the next scheduled Planning Board and Zoning Board of Appeals meetings.

- _____ 1. **SITE PLAN:** Drawn to scale showing the location of existing and proposed buildings, driveways, lot lines, and north arrow. Please include all measurements from existing and proposed buildings to lot lines.
- _____ 2. **SURVEY MAP/TAX MAP:** Showing lot dimensions, in addition to a Pictometry aerial view of site from CEO.
- _____ 3. **APPLICATION FEE: \$210.00**** (RENEWAL FEE IS \$90.00)

Applicants submitting Variance Requests that require Niagara County Planning Board approval will be required to pay any additional fees assessed by the County.