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TOWN OF GERRY

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Art Woltz
Robert Rein
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Phillip Bens

APPLICATION FOR ZONING VARIANCE

Date _____

Address of property under consideration _____

S.B.L. # of property under consideration Section _____ Block _____ Lot _____

Name of Property Owner _____

Name of Applicant (If Different) _____

Zoning District Classification Agricultural/ Residential _____ Business _____ Industrial _____

Building Application and denial attached Yes _____ No _____

SEQR form attached Yes _____ No _____ N/A _____

Chautauqua County Dept. Of Health Septic System Approval Yes _____ No _____ N/A _____

Zoning Law Section you are requesting a variance _____

Area Variance _____ Use Variance _____

Description of variance being requested _____

Signature of Property Owner _____ Phone # _____

Signature of Applicant (If Different) _____ Phone # _____

Comments _____
