APPLICATION FOR A USE VARIANCE

Town of Shelby 4062 Salt Works Road Medina, NY 14103

OFFICE USE ONLY	
Date of Application:	
(Postmarked or Hand Delivered)	
Date of Public Hearing:	
Date of County Referral:	
Date of Final Action:	
Date of Filing of Decision with the	 :
Town Clerk:	

Signature:	Date:
Mailing Address:	
Applicant:	Telephone:
 The alleged hardship has been self-created: Proof: 	
The requested use variance, if granted, will not alter the essen Proof:	tial character of the neighborhood:
2. The alleged hardship relating to the property is unique. (The lastrict or neighborhood.): Proof:	hardship may not apply to a substantial portion of the zoning
 The applicant cannot realize a reasonable return, as shown by substantial: Proof: 	competent financial evidence. The lack of return must be
TEST: No use variance will be granted without showing by you restrictions have caused unnecessary hardship. The following te the property, including uses allowed by special use permit. Belo are met. Attach all supporting materials.	sts must be met for each and every use allowed by zoning on
State what type of use variance you are requesting:	
Date of Zoning Enforcement Officer's Decision:	
Denial was made based on the following sections of T	
For the Proposed Activity:	
Denial of an Application for a Certifica	
Denial of an Application for a Building	Permit (Attach to Application)
The applicant's appeal from a decision of the Zoning	Enforcement Officer concerns the following:
authorizing the applicant to appeal on his/her behalf.)	
(If the applicant does not own the property, the applic	
Date Applicant Acquired Property:	
Zoning District Classification:	
Tax Map Section:BlockLot:	
Appeal Concerns Property at the following address:	Town Clerk:

4/16/2008

Shelby Use Variance Application