

**APPLICATION FOR INTERPRETATION**  
**Zoning Board of Appeals**  
**Town of Otego, NY**

Form: ZBA-1

**Instructions:** Fully complete this application. Write "NA" when "non-applicable." Mail or deliver completed application with of \$25.00 fee to: **Zoning Officer, Town of Otego, PO Box 468, 3526 State Hwy 7, Otego, NY 13825**

**To the Zoning Board of Appeals:**

**A. Statement of Ownership and Party of Interest**

1. The applicant(s) \_\_\_\_\_  
(is) (are) the owner (s) of property situated at the following address:

\_\_\_\_\_  
\_\_\_\_\_ Tax Map Parcel No. \_\_\_\_\_

2. The applicant's appeal concerns the property (choose one):

( ) described above

( ) of an adjacent or nearby landholder referenced by tax map parcel no.

\_\_\_\_\_ owned by \_\_\_\_\_

and located at \_\_\_\_\_.

**B. Request**

Zoning Enforcement Officer decision being appealed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Permit Application or Certificate of Compliance No.: \_\_\_\_\_

Relevant section numbers of zoning ordinance: \_\_\_\_\_

Date of Zoning Enforcement Officer's decision: \_\_\_\_\_

**C. Reason for Appeal**

Briefly state your reason for appealing the ZEO's or CEO's decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: The Land Use Board of Appeal will notify you of its action in writing within 45 days of the date of the public hearing held on this application.

OFFICE USE ONLY			
Date of Appeal (postmark or hand-deliver)	_____ / _____ / _____		
Official Date of Receipt	_____ / _____ / _____	Date of Public Hearing	_____ / _____ / _____
Date of Final Action	_____ / _____ / _____	Date of Filing Decision with Town Clerk	_____ / _____ / _____