

Interpretation No. _____
Date _____

Town of Owego
2354 State Route 434 Apalachin NY 13732
Phone: 607-687-0123 x6 Email: planningzoning@townofowego.com

INTERPRETATION

To the Zoning Board of Appeals of the Town of Owego, New York:

I (we) _____ of _____
Applicant's Name Number & Street

City, Town or Village State Zip Code Telephone Number

Location of the property _____

Zoning District _____ Tax Map Number _____

hereby apply to the Zoning Board of Appeals for an Interpretation of the Code of the Town of Owego:

pursuant to Chapter 125, Article _____, Section _____, Subsection _____, Paragraph _____,
(& Chapter 125, Article _____, Section _____, Subsection _____, Paragraph _____).

STATE OF NEW YORK:

: SS

COUNTY OF TIOGA :

Sworn to this _____ day of _____, 20 _____.

NOTARY PUBLIC

APPLICANT'S SIGNATURE

