## APPLICATION FEE \$25.00 – PLEASE MAKE CHECK PAYABLE TO TOWN OF OWEGO

Appeal No Date
mber & Street
Telephone Number
to Chapter 125, aph, ph).
is requested.
of Appeals must consider that Iship. For each and every
the property is located, the
ck of return is substantial as e and does not apply to a
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## **USE VARIANCE APPLICATION**

To the Zoning Board of Appeals of the	ne Town of Owego, Ne	w 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 A	Appeals for a Use Vari	ance, pursuant to C	Chapter 125,	
Article, Section, Subsec	ction, Subsection	n, Paragraph	,	
(& Chapter 125, Article, Section,	ion, Subsection	, Paragraph _	).	
A variance to			is requested	
<ol> <li>The applicant cannot realized demonstrated by competen</li> <li>The alleged hardship relations substantial portion of the domain of the dom</li></ol>	ze a reasonable return, put financial evidence; ng to the property in quistrict or neighborhoode, if granted, will not al	uestion is unique an	d does not apply to a	
STATE OF NEW YORK:  : SS  COUNTY OF TIOGA :	ot been sen-created.			
Sworn to this day of		, 20		
NOTARY PUBLIC		APPLICANT'S		