



Filing Fee: \$150.00

APPLICATION MUST BE FILED BY THE 5th OF THE MONTH

**TOWN OF LOCKPORT
6200 ROBINSON RD.
LOCKPORT, N.Y. 14094**

BOARD OF APPEALS REQUEST

- 1. PREVIEW ()
- 2. SPECIAL PERMIT ()
- 3. VARIANCE ()

BUILDING DEPT. – 439-9527

(PLEASE PRINT)
PROPERTY LOCATION:

STREET #: _____

(PLEASE PRINT)
PROPERTY OWNER: _____
OWNER ADDRESS: _____
CITY/STATE/ZIP: _____
PHONE #: _____
SIGNATURE: _____

Located on the N-S-E-W side. Between _____ Road/Drive and _____ Road/Drive.
Property is located in an area zoned _____.

(PLEASE PRINT)
APPLICANT NAME: _____
STREET: _____
CITY/STATE/ZIP: _____
PHONE #: _____
SBL #: _____

DESCRIPTION OF PROPOSAL: _____

APPLICATION WAS DENIED FOR THE FOLLOWING REASON _____



APPLICANT SHALL PROVIDE ALL NECESSARY PLOT PLANS, DRAWINGS, ELEVATIONS AND DATA REQUIRED TO THE BUILDING DEPARTMENT

APPLICANT IS REQUIRED PRIOR TO ANY HEARING, TO NOTIFY ANY AND ALL ADJACENT PROPERTY OWNERS OF THE INTENTION OF THIS PROPOSAL

(Signature of Applicant)
I HEREBY DEPOSE AND SWEAR THAT ALL OF THE STATEMENTS ABOVE ARE TRUE.

DATE: _____ 20____ APPLICANTS SIGNATURE: _____