

**APPLICATION FOR AMENDMENT TO ZONING LAW
ELLCOTTVILLE, NEW YORK**

Applicant Information

Applicant Name: _____ Property Owner: Yes No

Company or Trade Name (if any): _____

Mailing Address: _____

Phone Number: _____ Email: _____

Applicant's Engineer or Representative Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Requested Change in the Zoning Law

Zoning Text Amendment

Section of Zoning Law for which change is requested: _____

Describe the change you are requesting and the reason for the change in the space below or in an attachment:

Zoning Map Amendment

Address of site(s) for which change is requested: _____

Real property tax number(s): _____

Current use of the property: _____

Proposed use of the property: _____

Owner(s) of record of the site: _____

If the applicant is not the property owner, **at the time of application**, a letter or other written documentation, stating that the applicant has the property owner's permission to make the application, signed by **all** property owners shall be provided.

Describe the reason that you are requesting this change in the space below or in an attachment:

Signature of Applicant

Date

For Official Use Only:

Application Fee: _____ Rec'd By: _____ on _____ (Date)

File Number: _____