



**TOWN OF CANDOR
101 OWEGO ROAD
CANDOR, NY 13743
(607) 659-3175**

BOARD OF APPEALS APPLICATION FORM

GENERAL INFORMATION:

DATE: _____

Applicant*: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

Property Owner: _____ **Phone:** _____

Address: _____

City/State/Zip: _____

PROPERTY INFORMATION:

Address of Subject Property: _____

Tax Map Section: _____ **Acreage of Parcel:** _____

Current Use of Property: _____

Proposed Use of Property: _____

RELIEF BEING REQUESTED:

Request is hereby submitted for the following relief: (CHECK ALL THAT APPLY)

☐ An area variance from the requirement of: _____

☐ Review of an interpretation or decision by the Code Enforcement Officer

The decision of the Code Enforcement Officer or other administrative official must be attached.

PROJECT DESCRIPTION: (ATTACH ADDITIONAL PAGES IF NEEDED)

If Area Variance specify:

Type of variance	Required Dimension	Proposed Dimension
Lot size (acres)	_____	_____
Lot Width	_____	_____
Front Setback	_____	_____
Side Setback	_____	_____
Road Frontage	_____	_____
Other	_____	_____

Is this property within 500 feet of: (CHECK ALL THAT APPLY)

_____ State or County Road _____ State or County Park
_____ Municipal Boundary _____ County or State Facility
_____ Boundary of Farm Operation within an Agriculture District

IF SO, A REVIEW OF THE PLAN MUST BE CONDUCTED BY THE TIOGA COUNTY PLANNING DEPARTMENT
UNDER THE STATE GENERAL MUNICIPAL LAW, SECTIONS 239 L AND M.

APPLICANT'S SIGNATURE AND CERTIFICATION:

I, _____ * hereby certify that all the above information contained in the
application submitted herewith is true.

Signature _____ Date: _____

*If applicant is other than owner, attach an entity resolution of authority with the application.

APPLICATION RECEIVED BY: _____ **On (Date):** _____