



# TOWN OF FORT EDWARD

118 BROADWAY

P.O. BOX 127

FORT EDWARD, N.Y. 12828-0127

OFFICE – 518.747.5212 -----FAX 518.747.2493

## ZONING INTERPRETATION REQUEST/APPEAL FORM

(Clerk's Office Use Only)

APPLICATION NO: \_\_\_\_\_ DATE : \_\_\_\_\_

FEE PAID: \_\_\_\_\_

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*An appeal to the Zoning Board from any ruling of any administrative officer administering any portion of the Zoning Regulations may be taken by any aggrieved person or town department, board, or officer affected thereby. Such appeal shall be taken by filing with the officer from whose action the appeal is based and with the Zoning Board by filing with the secretary thereof a notice of appeal, specifying the grounds in which it is based upon. Every request for an appeal shall include this completed form and shall refer to the specific provisions of the Zoning Regulation in question, and shall include the exact interpretation that is claimed.*

**TO ENSURE TIMELY REVIEW OF YOUR APPLICATION PLEASE COMPLETE THIS FORM IN ITS ENTIRETY AND PROVIDE WITH THIS APPLICATION THE FOLLOWING DOCUMENTATION:**

- A copy of the Zoning Administrator's or Zoning Officer's zoning interpretation and/or permit denial letter constituting the basis of the interpretation request and/or appeal
- Copy of the current Owner's Deed
- Copies of all correspondence or permit/approval documents filed for the project
- If the Owner is not the Applicant an Authorization of Agent form must be provided
- Written verification or other proof supporting the statements made below may be requested if the Zoning Board determines that such information is necessary in its review

**Please submit the original plus (10) ten copies of your Application with all supporting documentation to the Town Clerk's Office for distribution to the Zoning Board for consideration.**

**GENERAL INFORMATION**

**Tax Parcel ID Number:** \_\_\_\_\_

**Zoning District:** \_\_\_\_\_

**Total Parcel Area:** \_\_\_\_\_

**Owner Name & Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Detailed description of project to which request relates [include current & proposed use(s)]:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are there any zoning violations on the Property?**       Yes       No

**If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Present status of project:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is the parcel in question within 500 feet of; a County or State Highway, Right-of-Way or Park, an Agricultural Farm Operation, a Municipal Boundary or Other Local, State, or Federal Facility or Lands?**

Yes       No

**If yes, please explain:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION**

**Applicant Name:** \_\_\_\_\_  
**Applicant Address:** \_\_\_\_\_  
**Applicant Phone:** \_\_\_\_\_  
**Applicant Fax:** \_\_\_\_\_  
**Applicant E-Mail:** \_\_\_\_\_

**Agent's Name:** \_\_\_\_\_  
**Agent's Address:** \_\_\_\_\_  
**Agent's Phone:** \_\_\_\_\_  
**Agent's Fax:** \_\_\_\_\_  
**Agent's E-Mail:** \_\_\_\_\_

**Owner's Name:** \_\_\_\_\_  
**Owner's Address:** \_\_\_\_\_  
**Owner's Phone:** \_\_\_\_\_  
**Owner's Fax:** \_\_\_\_\_  
**Owner's E-Mail:** \_\_\_\_\_

**ZONING INFORMATION**

**An Interpretation Request or Appeal is intended to clarify a certain portion of the Zoning Law or Regulations. It may or may not relate to a specific project or may apply to a planned project not yet constructed.**

**1. Please provide the Chapter, Section Number, and Paragraph Letter and/or Sub-Section of the Zoning Law for which you are requesting an interpretation:**

**Section:** \_\_\_\_\_  
**Language:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. What is the Zoning Administrator's interpretation of this Section of the Zoning Law? (Attach copies of permit denial or interpretation letters from the Zoning Office)**

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 \_\_\_\_\_  
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**3. What is your interpretation of this Section of the Zoning Law?**

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**4. Additional Comments:**

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**To the best of my knowledge, information, and belief the information presented in this Application, and any supplemental information provided or attachments include herein, are true, correct and complete and no material facts have been omitted. I understand any decision by the Zoning Board on any Appeal or Interpretation Request shall EXPIRE if the Applicant fails to obtain the necessary zoning permit or comply with the conditions of said authorized permit within (6) six months from the date of authorization thereof.**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signed:** \_\_\_\_\_