

CITY OF FLUSHING

**APPLICATION FOR VARIANCE
ZONING BOARD OF APPEALS**

Applicant: _____ Phone: _____

Address: _____ City: _____ State: _____

(1.) Address where variance is requested _____

Being legally described as _____

Property is zoned: _____ Size of Parcel: _____

55-
(Parcel No.)

(2.) Name and address of every other person, firm or corporation having a legal or equitable interest in the property.

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

(3.) This application is to request a variance from the Zoning Code section number _____.

These code section(s) cannot be strictly followed for the following reasons: (attach additional paper if required)

Initial submittal requires 6 copies of a fully dimensional map at a scale of not less than 1" equals 20' identifying the land, which would be affected by the variance and all abutting land within 300' and all public and private rights-of-way, and easements bounding and intersecting the land under consideration. Additional forms and information will be requested prior to setting date for Zoning Board of Appeals meeting.

(Applicant)

TO BE COMPLETED BY CITY

Date received: _____ Tentative Date of Planning Commission Meeting: _____

Receipt number: _____ Tentative Date to schedule Public Hearing: _____

Tentative Date of Public Hearing: _____

Note: Meeting dates are subject to change.