

CITY OF FLUSHING

APPLICATION FOR ZONING INTERPRETATION  
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 an interpretation of the following Zoning Code section number \_\_\_\_\_.  
The question pertaining to this interpretation appeal is as follows: (attach additional paper if required)

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

If this interpretation request involves a specific parcel, attach 13 copies of a fully dimensional drawing at a scale of not less than 1" equals 20' identifying the land, which would be affected by the interpretation.

\_\_\_\_\_  
(Applicant)

**TO BE COMPLETED BY CITY**

Date received: \_\_\_\_\_ Tentative Date of Hearing: \_\_\_\_\_

Receipt number: \_\_\_\_\_

*Note: Meeting dates are subject to change.*