

APPLICATION FEE - PLEASE MAKE CHECK PAYABLE TO **TOWN OF NICHOLS**

APPEAL NO: _____

DATE: _____

SPECIAL USE PERMIT APPLICATION To

the Zoning Board of Appeals of the Town of Nichols, New York:

I (we) _____ of _____
Applicants Name Number & Street

City, Town or Village State Zip Code Telephone Number

Location of Property _____

Zoning District _____ Tax Map Number: _____

Hereby appeal to the Zoning Board of Appeals for a Special Use Permit to:

Pursuant to Chapter _____, Article _____, Section _____, Subsection _____, Paragraph _____ (& Chapter _____, Article _____, Section _____, Subsection _____, Paragraph _____) of the Code of the Town of Nichols

Previous Appeal(s) No. _____

STATE OF NEW YORK:

: SS

COUNTY OF TIOGA:

Sworn to this _____ day of _____, 2017

NOTARY PUBLIC

APPLICANT'S SIGNATURE

Please include a summary of your proposed business, hours, parking requirements, delivery hours, and any other information that would impact neighbors/neighborhood or that you deem important.