

Town of Nichols
54 E River Rd, PO Box 359
Nichols, NY 13812

APPLICATION FEE \$25.00 – PLEASE MAKE CHECK PAYABLE TO TOWN OF NICHOLS

REQUEST NO. _____

DATE _____

REQUEST FOR ZONING CHANGE

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

I (we) _____ of _____
Applicant's Name Number & Street

City, Town or Village State Zip Code Telephone Number

Email address Location of Property

Zoning District _____ Tax Map Number _____

Hereby request to the Nichols Town Board to rezone my property:

From _____ To _____

Reason: _____

STATE OF NEW YORK:

: SS

COUNTY OF TIOGA :

Sworn to this _____ day of _____, 20 _____

NOTARY PUBLIC

APPLICANT'S SIGNATURE