INCORPORATED VILLAGE



OF PLANDOME HEIGHTS

37 ORCHARD STREET-MANHASSET, NY 11030

P.O. Box 1384, Manhasset, New York 11030 Tel. (516) 627-1136 -- Fax: (516) 627-1393 www.plandomeheights-ny.gov info@plandomeheights-ny.gov

APPLICATION FOR BOARD OF ZONING & APPEALS

Applicant Name:				
Address:				
E-Mail:				
*******	*****	*****	******	
I			er/agent for the property locate in Plandome Heights, knowr	
Stree	et Address			
Section 3, Block	Lot	, do hereby	make application for a variance	e of: f the
Building and Zoning Cod	de of the Incorpora	ted Village of Plan		· ciic
Variance Requested:				
A CEOD Evil Environmen	mtal Assassment fo	A Marat	Nood not be submitted	
A SEQR Full Environme	ntai Assessment io	orm <u>V Must V</u>	Need not be submitted.	
Application must be sub property survey, letter of the hearing. Additional meeting.	f denial and any ad	lditional informati	ans each should include a curr ion you would like to present f eded for the	ent or
including a Public Heari incurred for any and all the Incorporated Village	ng. I also understa hearings and inclu of Plandome Heigh expenses plus an a	and that I will be a de with this appli nts) for \$1500.00 (ppropriate government action, responsible for all expenses ication my check (payable to (Fifteen hundred dollars) as a 0 (three hundred & fifty dollars	a) as
			Applicant Signature	-
Date Received Fee Received				
Hearing to be held at the 37 Orchard St., Manhas				