INCORPORATED VILLAGE **OF PLANDOME HEIGHTS**

Established 1929

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: _____
Phone: _____
E-Mail: _____

****

I _____ owner/agent for the property located at:
_____ in Plandome Heights, known as
Street Address

Section 3, Block _____ Lot _____, do hereby make application for a variance of:
_____of the

Building and Zoning Code of the Incorporated Village of Plandome Heights

Variance Requested:
_____
_____
_____

A SEQR Full Environmental Assessment form ◇ Must ◇ Need not be submitted.

Application must be submitted with three sets of building plans each should include a current property survey, letter of denial and any additional information you would like to present for the hearing. Additional sets with all attachments will be needed for the meeting.

I understand that this matter will be determined following appropriate government action, including a Public Hearing. I also understand that I will be responsible for all expenses incurred for any and all hearings and include with this application my check (payable to the Incorporated Village of Plandome Heights) for $1350.00 (thirteen hundred & fifty dollars) as a deposit toward the total expenses plus an additional $250.00 (one hundred & fifty dollars) as the non-refundable application fee .

_____
Applicant Signature

Date Received _____
Fee Received _____

Hearing to be held at the Plandome Heights Village Office
37 Orchard St., Manhasset NY at 7:30pm on _____

Rev.4.1.2011