

**TOWN OF PERTH**  
**ZONING BOARD OF APPEALS**  
*1849 County Highway 107*  
*Amsterdam, NY 12010*

**Application to the Zoning Board of Appeals**

A completed application must be filed with the Zoning Board of Appeals Chairman at least ten (10) days prior to the meeting at which it is to be considered.

Applicant: \_\_\_\_\_ Property Owner: \_\_\_\_\_  
(if different)

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**1. PROPERTY LOCATION**

Address: \_\_\_\_\_

Zoning District: \_\_\_\_\_

Tax Parcel# (SBL): \_\_\_\_\_

**2. TYPE OF APPLICATION**

- Interpretation of the Zoning Ordinance and/or map
- Special Permit
- Area Variance
- Use Variance
- Temporary Permit
- Other

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**3. DETAILED REASON FOR FILING THIS APPLICATION, complete only the relevant blanks below (attach extra sheets, if necessary):**

**Interpretation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Special Permit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Area Variance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Use Variance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Temporary Permit:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Extension of a Temporary Permit:** \_\_\_\_\_  
\_\_\_\_\_

**Other:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**4. Names and addresses of all owners of property that lie within two hundred fifty (250) feet of the property for which relief is sought.**

NAME

ADDRESS

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