

TOWN OF HAMBURG ZONING BOARD OF APPEALS

ZONING VARIANCE

APPLICATION NUMBER: _____

VARIANCE REQUESTED BY: _____

NAME _____

ADDRESS _____

CITY _____

SUBJECT: _____

TYPE OF VARIANCE REQUESTED

LOCATION _____

PLEASE BE INFORMED THAT I DO NOT OBJECT TO THE PROPOSED VARIANCE

NAME AND ADDRESS OF PERSON COMPLETING THIS FORM (PLEASE PRINT)

PRINT NAME _____

ADDRESS _____

CITY _____

YOUR SIGNATURE: _____

DATE: _____