

# APPLICATION FOR A SPECIAL EXCEPTION BY THE ZONING BOARD

To: Zoning Board of Adjustment, Town of Landaff

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Owner \_\_\_\_\_

(If same as applicant, write "same")

Location of Property \_\_\_\_\_

(Street, number, sub-division and lot number)

NOTE: This application is not acceptable unless all required statements have been made. Additional information may be supplied on a separate sheet if the space provided is inadequate.

## **Application for a Special Exception**

Description of proposed use showing justification for a special exception as specified in the zoning ordinance, article \_\_\_\_\_ section \_\_\_\_\_

Explain how the proposal meets the special exception criteria as specified in article \_\_\_\_\_ section \_\_\_\_\_ of the zoning ordinance (list all criteria from ordinance).

Criteria 1:

---

---

---

Criteria 2:

---

---

---

Criteria 3:

---

---

---

Criteria 4:

---

---

---

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_