



ZONING APPLICATION

Village of Johnson City
243 Main Street • Johnson City, NY 13790
Phone: (607) 797-9098 • Fax: (607) 798-9553

Application Fee: \$ _____

Receipt #: _____

Date: _____

APPLICATION TYPE

Environmental Review _____

PUD Proposal _____

Rezone _____

Site Plan Review _____

Special Permit _____

Subdivision _____

Variance _____

PROPERTY INFORMATION

Property Location: _____

Tax Map #: _____ Zoning District: _____

Code Reference(s): _____

239 Review Required?: Y / N If yes, date Submitted to Broome County: _____

Public Hearing Required?: Y / N If yes, date & by whom: _____

APPLICANT INFORMATION

Applicant: _____

Applicant's Address: _____

Applicant's Phone #'s: Home _____ Work _____ Cell _____

Applicant's E-Mail Address: _____

PROPERTY OWNER INFORMATION (if different from the applicant)

Property Owner: _____

Owner's Address: _____

Owner's Phone #'s: Home _____ Work _____ Cell _____

Owner's E-Mail Address: _____

ARCHITECT/ENGINEER INFORMATION

Architect/Engineer: _____

Address: _____

Phone #'s: Office _____ Cell _____ Fax _____

E-Mail Address: _____

DESCRIPTION OF PROPOSED ACTION - DETAILED SITE PLAN MUST ACCOMPANY THIS APPLICATION

Purpose/Description of proposed action: _____

APPLICATIONS MUST BE SUBMITTED BY THE FIRST FRIDAY OF THE MONTH

The undersigned being duly sworn, deposes and says that he/she is the owner/applicant or the authorized agent of the owner/applicant and that everything contained in this application is a true statement and representation of the proposal and that permission is herewith granted for inspections of the property by the Village Departments, Village Board, Planning Board and Zoning Board of Appeals members.

Sworn to this _____ day of _____, 20_____

Signature (Owner/Applicant)

