

VILLAGE OF WARSAW
ZONING BOARD OF APPEALS
15 South Main Street
Warsaw, New York 14569

APPLICATION FOR A PUBLIC HEARING

TO BE COMPLETED BY APPLICANT: DATE _____

Name of Applicant _____

Address of Applicant _____

Reason for Public Hearing _____

Phone Number & Signature of Applicant _____

(\$40.00 application fee required when submitting application)

TO BE COMPLETED BY ZONING OFFICER:

Application Number _____

Received _____ 20 _____

Received by _____

Application Fee Received ____ Yes ____ No Amount Received _____

Date of Public Hearing _____ 20 _____