Town of Niles Board of Appeals Variance Applications

Print Form

Appeal Number	-	Date	
Name of Applicant			
Mailing Address			
		Road Address	
	City	State	Zip Code
	(Area Code) Phone Number		
Location of Property			
).e		Road Address	
	City	State	Zip Code
	(Area Code) Phone Number		
Tax Map Number			
leason for Appeal: Plea	se give a detailed description. Attach ext	tra sheets is needed.	

Please attach a sketch and/or map of the property in question. (Include locations and outlines of all buildings, measurements, etc.)

Please attach names and addresses of all property owners whose property touches on this one. Also, include any that are situated directly across a public or private road from this property.

Town of Niles Board of Appeals (continued)

Previous Appeal: Have any other appeals been previously made with respect of this property? If so, please indicate below, when a	and
the result of the appeal.	

Date	Granted	Denled
Date	Granted	Denied
	dered by the Board of Appeals and should	be addressed by the variance
pplicant: 1. Whether an undesirable change w nearby properties will be created	ill be produced in the character of the neig	chborhood or a detriment to
 Whether an undesirable change we nearby properties will be created Whether the proposed variance we conditions of the neighborhood. 	ill be produced in the character of the neighby the granting of the variance. Ould have an adverse impact on the physical applicant can be achieved by some method.	shborhood or a detriment to

*Only owner(s) of the property to which this appeal applies, or agents designated in writing by such ownership(s), may sign this application.

Signature of Applicant*