



**CITY OF LACKAWANNA
DEPARTMENT OF DEVELOPMENT**

714 Ridge Road – Room 309
Lackawanna, NY 14218
Tel: (716) 827-6421 Fax: (716) 827-1866



APPLICATION
TO THE CITY OF LACKAWANNA
ZONING BOARD OF APPEALS

Date: _____

Application No. _____

Application Fee:	Fee
_____ Land Use Variance	\$ 250.00
_____ Zoning Law Appeal	\$ 250.00

Property Address: _____

S.B.L. No. _____

Description of Action to be Appealed: _____

APPLICATION IS HEREBY MADE to the City of Lackawanna Zoning Board of Appeals for a Land Use Variance and/or Zoning Law Appeal as required by the Municipal Code of the City of Lackawanna. The applicant hereby agrees to comply with all applicable laws, rules, ordinances and regulations.

Director of Development

Name of Applicant

Signature of Applicant

Address of Applicant

Applicant Phone No.

Applicant's Email

Role of Applicant to Project
(owner, attorney, lessee, agent,
architect, engineer, contractor...)

Property Owner:

NAME: _____

Address: _____
