Incorporated Village Of Lawrence

196 Central Ave Lawrence NY 11559
516-239-3987
Fax 516-239-9657
Building Department

Board of Zoning Appeals
Variance Application

Section: _____ Block: _____ Lot: _____
Address: _____
Description of Work: _____

Owner Information
Name: _____ Email: _____
Address: _____City: _____ St: _____ Zip: _____
Telephone Number _____

Architect/Engineer Information
Name: _____ Email: _____
Address: _____City: _____ St: _____ Zip: _____
Telephone Number _____

Fees:

- One-family & two-family residence:……..$2,000
- Commercial, multiple dwellings, schools, & places of public assembly:
  - Single variance:…….$2,500
  - Multiple variances:……....$3,000

Building requesting variance

Occupancy: ☐ One-family or two-family residence ☐ Accessory Structure ☐ Pool
☐ Multiple residences ☐ Commercial ☐ Recreational Structure

Scope of work: ☐ New work ☐ Repair ☐ Addition

Requesting variance from the following requirement(s)

☐ Building coverage ☐ Surface Coverage ☐ Building Height ☐ Accessory Structure Setback
☐ Setback ☐ Height/Setback Ratio ☐ Eave Height ☐ Structure in Front Yard
☐ Other:_____

State of New York
County of Nassau Notary Signature & Stamp:
Village of Lawrence

The undersigned (Print Name) _____ being duly sworn, says that the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premise and that all provisions of the applicable ZONING ORDINANCE, BUILDING ADMINISTRATIVE ORDINANCE, BUILDING CONSTRUCTION CODE AND ANY APPLICABLE FEDERAL, STATE AND COUNTY REQUIREMENTS pertaining to the proposed work shall be complied with, whether specified or not and that such work is authorized by the owner.

Sworn to before me this _____ day of _____ 20 _____ _____
Signature of Owner, Owner's Agent, Architect, Contractor
(Circle one)

ALL FEES ARE NON REFUNDABLE