

*Incorporated Village of Lawrence*

196 Central Ave Lawrence NY 11559

516-239-3987

Fax 516-239-9657

Building Department

**NOTICE OF APPEARANCE**

I, \_\_\_\_\_, will appear on behalf of  
Architect, Attorney, Contractor, Etc. – print name

\_\_\_\_\_, owner(s) of  
Owner(s) of property

\_\_\_\_\_, to seek a variance from the Board  
the Address of property

of Zoning Appeals

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number