

Incorporated Village of Lawrence

196 Central Ave Lawrence NY 11559

516-239-3987

Fax 516-239-9657

Building Department

Variance Extension Application

Name: _____ Date: _____

Address of property with variance: _____

Mailing address (if different from above): _____

Email: _____ Phone: _____

Application Number: _____ Permit Number: _____

Date of original granted variance: _____

Has a variance extension been granted: _____

Date of variance expiration: _____

What was the granted variance for: _____

Reason for extension: _____

Print Name

Owner's Signature

Date: _____