

Department of Public Works



CONSTRUCTION OFFICIAL
CODE ENFORCEMENT AND OFFICE OF HOUSING INSPECTION
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APPLICATION FOR VARIANCE DENIAL LETTER *MUST BE COMPLETED IN ITS ENTIRETY OR IT WILL BE REJECTED*

DATE: _____

ADDRESS REQUIRING VARIANCE: _____

OWNER INFORMATION

ARE YOU THE PROPERTY OWNER: () YES () NO

IF NOT, PLEASE STATE YOUR RELATIONSHIP TO THE PROPERTY: _____

PRESENT OWNER OF PROPERTY AS IT APPEARS ON DEED (IF LLC, LIST
FULL NAME OF PRINCIPAL):

ADDRESS OF PROPERTY OWNER: _____

TELEPHONE NUMBER: _____ C _____

PROPERTY INFORMATION

PRESENT PROPERTY DESCRIPTION: i.e. (one family, commercial warehouse, etc)

DOES THIS APPLICATION INVOLVE AN APARTMENT LEGALIZATION?

() YES () NO

If yes, please speak with your attorney regarding additional requirements that are mandated by the State of New Jersey including the installation of a fire prevention/protection equipment, which must be met before you can obtain a Certificate of Occupancy even if you obtain Board of Adjustment or Planning Board approvals.
INITIAL HERE THAT YOU HAVE READ THIS: _____ Dated: _____

If yes, is anyone currently living in the space that you seeking to legalize? () YES () NO

If yes, have you received a violation notice? () YES () NO

If yes, what is the violation number? _____

DOES THIS APPLICATION INVOLVE A CHANGE OF USE: YES () NO ()

PROPERTY ZONE: _____ OCCUPANCY LOAD: _____

IF SAME IS A BUSINESS, WHAT IS THE BUSINESS NAME: _____

WHAT IS YOUR INTENTION FOR PROPERTY/BUSINESS: _____

DESCRIBE PROPOSED PLAN IN DETAIL: _____

Are you being represented by an attorney? () Yes () No

If so, please supply name and telephone number of attorney:

ARCHITECT NAME: _____ Tele: _____

Applicant's Name
(Please Print)

Applicant's Signature

FOR OFFICE USE ONLY

DATE: _____ BOARD OF ADJUSTMENT () PLANNING BOARD ()

PERMISSION TO: _____

ON PROPERTY LISTED ABOVE IS HEREBY DENIED AS IT DOES NOT COMPLY WITH THE REVISED GENERAL ORDINANCES OF THE TOWNSHIP OF WEST NEW YORK.

CHAPTER: 414

REASON: _____