Request for Action

Town of Clarence | Office of Planning & Zoning
(716)741-8933 | 1 Town Place, Clarence, NY 14031

Date:

Received By:

APPLICANT REQUEST:

Project Address:

SBL #:

Action Desired:

Reason:

CONTACT INFO:

APPLICANT INFO

Name / Business:

E-Mail:

Phone #:

Address:

Town: State: Zip:

PROJECT SPONSOR INFO (If Different Than Applicant)

Name / Business:

E-Mail:

Phone #:

Address:

Town: State: Zip:

SIGNATURE

Request for Action shall be filled out completely in the spaces provided. The complete Request for Action shall be submitted to the Office of Planning and Zoning along with all necessary plans, maps, and supporting documentation. By signing below I certify that I have the authority to submit this Request for Action, and further certify its contents to be true and correct.

Signed:

CORRESPONDENCE

Please indicate the preferred entity that shall receive the appropriate correspondence and billing associated with this Request for Action. Please select only one.

- ☐ Applicant
- ☐ Project Sponsor

Action: By: On: Fee: Paid:

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