## LOT COVERAGE WAIVER

Syracuse Zoning Administration LOT COVERAGE WAIVE City Hall Commons - Room 101 – 201 East Washington St. – Syracuse, N.Y. 13202-1426 – 315-448-8640

Please Print or Type Information	For Office use only:	ZA-		
	·	Filing date	Case #	District
SUBJECT PROPERTY ADDRESS (E	(S) – Location of Lot			
PROPERTY OWNER:				
Name:		Pho	ne:	
Mailing				
Address				
CURRENT USE OF LAND:				
REASON FOR REQUEST:				
LOT AREA: Square fee	et			
LOT COVERAGE REQUESTED:	Percent			
I understand that false statements made 210.45 of the Penal Law of the State of statements made on this application and I also understand that any false statem application will be considered null and v	of New York. I declare any attachments are the trents and/or attachments 1	that, subject to the l	o the penalties best of my kno	s of perjury, any wledge correct.
Signature of CURRENT PROPERTY Of (or owner's LEGAL representative)	WNER	Date		
Printed or typed name of person whose	e signature is above (if l	egal represent	ative also stat	e relationship to
owner)	REQUIRED SUBMITT			o relationship to
<ul> <li>□ APPLICATION: Completely fil</li> <li>□ PROPERTY SURVEY: One ful reduced – no larger than 11x17.</li> <li>□ SITE PLAN: Showing proposed with dimensions.</li> <li>□ ELEVATIONS: Must be drawn</li> </ul>	l sized copy of survey dra additions and/or modifica	wn by a licens ations. Must be	drawn to scale	e and labeled