

Town of Canandaigua

5440 Routes 5 & 20 West
Canandaigua, NY 14424
(585) 394-1120 / Fax: (585) 394-9476

Established 1789

WAIVER REQUEST

PURSUANT TO TOWN CODE §220-65 (L)

Applicant: _____

Telephone #: _____ Email: _____

Subject Address: _____

Tax Map #: _____ CPN #: _____

Waiver requested for: _____

(i.e. a professionally prepared site plan, landscaping requirements, etc.)

Reasons for Waiver:

1. _____

2. _____

3. _____

Additional Information: _____

I hereby request a waiver of requirement(s) as described above pursuant to Town Code § 220-65(L).

Signature of Applicant

Date

Planning Board approval of waiver (date): _____