

PETITION TO AMEND THE OFFICIAL ZONING MAP
To the Town Board of the Town of Canandaigua, Ontario County, New York
MIXED USE OVERLAY DISTRICT

1. Name and Address of the Applicant: _____

Applicant Telephone and E-mail Address: _____

2. Name and Address of Applicant's Attorney (if applicable): _____

Attorney Telephone and E-mail Address: _____

3. Interest of Applicant in Property: _____

4. Name and Address of Property Owner, if different : _____

Owner Telephone and E-mail Address: _____

5. Subject Property Address and Tax Map Number: _____

6. Current Zoning and MUO Classification: _____

7. Requested Amended Zoning Classification: _____

8. Existing Land Use and/or Buildings: _____

9. Proposed Land Use and/or Buildings: _____

Signature of Applicant / Date: _____

OFFICE USE ONLY

Date Filed: _____ Date Referred to Planning Board: _____
Planning Board Action: _____
Publication: (dates) _____ (location) _____
Notice Mailing Date (attach mailing list): _____
Hearing: (date) _____ (time) _____ (location) _____
Order: _____