

# 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): \_\_\_\_\_