

10/2025



**TOWN OF VICTOR**  
**APPLICATION TO THE ZONING BOARD OF APPEALS**

**Fire Sprinkler System Waiver Application:**

Appeal No.: \_\_\_\_\_

The following information must be submitted:

1. Letter of Intent
2. Letter of Permission when the applicant is not the owner of the land
3. Applicant or his agent must be present at the Public Hearing

To the **ZONING BOARD OF APPEALS**,

I (we) \_\_\_\_\_ of (address) \_\_\_\_\_

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Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address: \_\_\_\_\_

do hereby make application for a waiver of Section 83-4 F (2) of the Town Code.

Location of Property: \_\_\_\_\_  
(Street Address)

In reviewing said waiver request, the Zoning Board of Appeals shall consider the following:

1. Undue economic hardship.
2. Physical or legal impossibility.
3. Impediment to the intended objectives of this section.
4. Necessity in light of other viable alternatives which meet the objectives of this section.
5. Recommendations and comments submitted by the Fire Chiefs of the Fire Departments operating within the Town of Victor.

6. Conflict with other state or federal regulations. In no event shall the Zoning Board of Appeals have the authority to interpret, modify, or permit variance from the New York State Uniform Fire Prevention and Building Code.

Imposition of conditions: The Zoning Board of Appeals shall, in granting a waiver, have the authority to impose such reasonable conditions and restrictions as are directly related to and incidental to the waiver. Such conditions shall be consistent with the spirit and intent of the local law and shall be imposed for the purpose of minimizing any adverse impact such waiver may have on the neighborhood or community.

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Signature of Applicant

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

AFFIDAVIT

The following is a list of ALL property owners and addresses of people living or owning property within 500 feet as related to the application. *The Zoning Board Secretary will obtain the names.*

NAME

ADDRESS

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_
- 8. \_\_\_\_\_
- 9. \_\_\_\_\_
- 10. \_\_\_\_\_

I HEREBY AUTHORIZE THE SECRETARY TO THE ZONING BOARD OF APPEALS TO COMPLETE THE ABOVE LIST.

\_\_\_\_\_  
Signature of Applicant

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_

Notary Public: \_\_\_\_\_