

*Village of Lawrence*  
*196 Central Ave*  
*Lawrence, NY 11559*  
*516-239-3987*

**Variance Extension Application**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Property with Variance: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

- 
- Date of Expiration: \_\_\_\_\_
  - Date of original granted Variance: \_\_\_\_\_
  - What was the granted Variance for: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Reasons for Extension: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Print Name

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Owner or Representative's Signature

Date: \_\_\_\_\_