

Tax Map/Parcel Number: Section _____ Block _____ Lot _____

*All applications to be filed under the Tax Map/Parcel Number

VILLAGE OF RICHFIELD SPRINGS

Tel: (315) 858-1710 • Fax: (315) 858-9202

www.villageofrichfieldsprings-ny.com

Application Year and No. **20** - _____

APPLICATION FOR LOCAL ZONING PERMIT

The undersigned requests a Zoning Permit for the following use to be issued on the basis of the representations herein. Permit will be voided in the event of any misrepresentation. Submit the fully completed application with all drawings and attachments requested to the Village Office for review by the Zoning Enforcement Officer (ZEO). The activity covered by this application may not be commenced before the issuance of a zoning permit or building permit. The County will issue building permits only if this approved application is on file with the Village Clerk.

Landowner: _____ Property Address: _____

Phone: _____ Mailing Address: _____

Applicant _____ (If different than landowner: lessee, agent, etc.)

Phone: _____ Mailing Address: _____

What is the current use or status of the land? _____

What buildings or structures are currently on the land? _____

What is the **proposed** use of the land? (Specify if residential, commercial, industrial) _____

Nature of construction work: New Addition Other Estimated Cost: _____

Describe the Work to be done: _____

Describe what the building/structure will be used for: _____

Building/Structure Size (measure in feet): Length _____ Width _____ Height _____ Stories _____

Builder/Manufacturer Name & Phone number: _____

Size of the lot: _____ (sq.ft. or acres) Frontage on Public Street _____ (feet)

Measure all of the following (in feet) from the proposed building/structure to:

Centerline of Street _____ Rear Lot Line _____ Side Lot Line _____ Side Lot Line _____

Does this project require a new water or sewer tap to the main transmission lines? Yes No

Attach a general plot plan/sketch showing the location of the property and buildings or work areas. The sketch shall show the distances to all property lines from the proposed structure or addition, any buildings currently on the lot, natural features of the property (i.e. creeks, streams), and proposed driveways, parking and loading areas, if applicable.

Applicant Printed Name: _____ Signature _____ Date: _____

Property Owner Name: _____ Signature _____ Date: _____

The ZEO will notify you within 15 days of receipt of completed application with attachments. A copy of this application with determination can be picked up at the Village Office.

APPROVED NOT APPROVED

Permit expires 1 year from approved date

Comments: _____

Date: _____
Joseph Roberts, Zoning Enforcement Officer