

Zoning Dept. Use Only Approved _____ Denied _____ ZEO Initials _____
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Zoning Permit Application

Town of Warsaw
 Wyoming County Zoning Department
 36 Center Street, Suite C
 Warsaw, NY 14569
 Phone (585) 786-3152
 Fax (585) 786-6020

Fee to be paid upon filling this application _____ Date Paid _____ Check _____ Cash _____
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Instructions:

1. This application must be completely filled out and submitted to the Wyoming County Zoning Department.
2. A plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be submitted with this application.
3. If paying permit fee via check, please make payable to **Wyoming County Treasurer**.
4. The work covered in this application shall not commence prior to issuance of a Building Permit.
5. Upon approval, the Zoning Officer shall issue a Zoning permit to the applicant. Such permit and specifications shall be kept on premises available for inspection throughout the work progress.
6. No building shall be occupied or used in whole or in part for any purpose, until a certificate of occupancy has been issued for such use by the Building Department.
7. Upon permit issuance, all work is to be completed within 12 months or a permit renewal must be obtained.

Application is hereby made to the Zoning Department for the issuance of a Zoning Permit pursuant to The Town Zoning Law and the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions, alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Project Location: _____ Tax Parcel# _____
 Applicant Name: _____ Applicant Address: _____
 State whether applicant is owner, lessee, agent architect, engineer or builder: _____
 Owners Name: _____ Owners Address: _____
 Phone# _____ E-Mail: _____

SEQR Required: Yes No Type 1 Type 2 Unlisted

1. Project Description: _____
2. Is this project located within a flood plain? (check): Yes _____ No _____
3. Is this a change of use and or occupancy (check): Yes _____ No _____
4. Nature of work (check): New Structure ___ Addition ___ Alteration ___ Repair ___ Removal ___ Demo ___
 Pool ___ Solid Fuel ___ Other (give description) _____
5. Dimensions of new structure: Front _____ Rear _____ Depth _____ Height _____ Number of Stories _____
6. Dimensions of Addition: Front _____ Rear _____ Depth _____ Height _____ Number of Stories _____
7. If Alterations, state nature of work: _____
8. Name of Contractor: _____ Phone# _____
9. Name of Design Professional: _____ Phone# _____
10. Zoning District in which the work will take place: _____
11. Estimated cost of the project: _____
12. On the plot diagram provided on page 2, or an attachment, provide location of the street or road, all buildings existing and proposed, dimensions from lot lines and streets or roads.

Applicants Signature: _____ (S) He is the owner, agent or contractor of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained herein are true to the best of his or her knowledge and belief, and that the work will be performed in the manor set forth in the application and in the plans and specification filled herewith.
All Zoning Permit approvals must be taken to the Wyoming County Building Department to obtain a building permit prior to any work starting.

Plot Diagram

(Include and label road where property is located. Also include lot lines, all buildings, dimensions and distance from lot lines)

[Large empty rectangular box for drawing the plot diagram]

Street Name: _____

New building distance from property lines (in feet): Front: _____ Rear: _____
Left: _____ Right: _____

This Permit # _____ is hereby _____ Approved, _____ Disapproved
Issued for: _____ with the following
stipulations: _____.

Zoning Enforcement Officer: _____

Date of approval: _____ (or) Date of denial: _____
Reason for denial (check): _____ Needs Area Variance, _____ Needs Use Variance,
_____ Needs Special Use Permit _____ Site Plan Review _____ Re-zone

Special Use Permit
Date: _____ Fee: _____
Approved by: _____

Zoning Variance
Date: _____ Fee: _____
Approved by: _____