

Town of Seneca Falls, N.Y.

APPLICATION FOR ZONING PERMIT

*** Incomplete Applications will not be processed - - please fill out completely**

NOTE: A Seneca County **BUILDING** Permit may be required before beginning work

DATE _____
 OWNER NAME _____
 LOT ADDRESS _____
 PHONE NO. _____
 TAX MAP NO. _____
 PROJECT COST _____
 CONTRACTOR _____

Application to:	
<input type="checkbox"/>	<u>Build New Home</u>
<input type="checkbox"/>	<u>Repair</u>
<input type="checkbox"/>	<u>Demolish</u>
<input type="checkbox"/>	<u>Attached Garage</u>
<input type="checkbox"/>	<u>Unattached Garage</u>
<input type="checkbox"/>	<u>Addition</u>
<input type="checkbox"/>	<u>Storage Shed</u>
<input type="checkbox"/>	<u>Roof</u>
<input type="checkbox"/>	<u>Siding, Windows</u>
<input type="checkbox"/>	<u>Fence</u>
<input type="checkbox"/>	<u>Pool</u>
<input type="checkbox"/>	<u>Other</u>

For OFFICE USE ONLY

FEE \$ _____

PERMIT NO. _____

NOTES:

YES NO Is this a Corner lot?
 YES NO Will work affect Drainage Flow?
 YES NO Is Lot in the HISTORIC DISTRICT?

ACTION TAKEN BY ZONING ENFORCEMENT OFFICER

	Approved
	Denied

Reason for Denial:

POST ALL PERMITS IN WINDOW THAT IS VISIBLE FROM THE ROAD

INSURANCE

Application is hereby being made to the Zoning Enforcement Officer for the issuance of a Zoning Permit pursuant to the Zoning Ordinances of the Town & Village of Seneca Falls and to Section 57 of the Workman's Compensation Laws of the State of New York. The Applicant agrees to comply with all applicable laws, ordinances and regulations of this Town, Village, County, State and Federal Governments.

PLEASE CHECK the appropriate box and file Certificates of Insurance(s) if required.

- [] Pursuant to Section 57 of the Workers Compensation Law and Section 220, Subdivision 8 of the Disability Benefits Law, Employers of Labor must submit with this application proof of such coverage. A permit will not be issued without filing of said Certificate of Insurance
- [] I hereby Certify that I do not need Workers' Compensation Insurance because I am an individual owner or partner with no employees and not a Corporation.

PROJECT DESCRIPTION

ON THE REVERSE SIDE OF THIS APPLICATION or as AN ATTACHMENT SHOW THE FOLLOWING: Locate clearly and distinctly to scale all Buildings existing and proposed. Show proposed by dotted lines or color. Show all dimensions of buildings. Show Street Names and adjacent Property Owner names. Indicate NORTH and exact size of lot. Show Building setbacks & heights. Provide one complete set of plans showing proposed construction and specifications. Include a copy of a survey map or tape location map. (Use additional paper if needed)

CERTIFICATION

I hereby certify that I have examined this application and supporting attachments and know the same to be true and correct. All provisions of the laws and ordinances covering this type of work or use will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law or Ordinance regulating construction or performance of construction.

SIGNATURE (Applicant/Owner)