



# Office of Code Enforcement TOWN OF SENECA FALLS

130 OVID STREET  
SENECA FALLS, NY 13148

315-568-8013  
[www.senecafalls.com](http://www.senecafalls.com)

## ZONING PERMIT APPLICATION

**POST ALL PERMITS IN A WINDOW THAT IS VISIBLE FROM THE ROAD**

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

### PROJECT INFORMATION: Incomplete Applications Will Not Be Processed

Project Address: \_\_\_\_\_ Tax Map ID# (If known): \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Applicant Phone#: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Property Owner Phone#: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_

Contractor Name (If applicable): \_\_\_\_\_ Contractor Phone#: \_\_\_\_\_

Contractor Email: \_\_\_\_\_ Contractor Fax#: \_\_\_\_\_

Is this a corner lot? Yes / No

Will the work affect drainage flow? Yes / No

Is lot in Historic District? Yes / No

### APPLICATION TO:

Build New Home    Repairs    Demolish    Attached Garage    Unattached Garage    Storage Shed

Addition    Deck/Porch    Roof    Siding    Windows    Fence    Pool    Other (describe below)

Briefly describe the type of work to be performed under this permit (Required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 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 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 the Town, County, State and Federal Governments.

#### **PLEASE CHECK the appropriate box and file Certificate(s) 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. A permit will not be issued without filling of Certificate of Attestation of Exemption From New York State Workers' Compensation and/or Disability Insurance Coverage (CE-200).

### 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 of performance of constructions.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Today's Date

#### For Office Use Only

DATE PROCESSED

FEE

APPROVALS

PERMIT #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

HPC: \_\_\_\_\_

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

Cash: \_\_\_\_\_

Planning: \_\_\_\_\_

Date Denied\*\*: \_\_\_\_\_

Check: # \_\_\_\_\_

ZBA: \_\_\_\_\_

\*\*Reason: **SEE REVERSE**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE PROCESSED



Office of Code Enforcement  
**TOWN OF SENECA FALLS**

130 OVID STREET  
SENECA FALLS, NY 13148

315-568-8013  
[www.senecafalls.com](http://www.senecafalls.com)

**IN THE BOX PROVIDED BELOW or as AN ATTACHMENT, SHOW THE FOLLOWING:**

- Show clearly and distinctly 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 **dimensions of lot.**
- **Show building setbacks and heights.**
- Rough out dimensions and setbacks. 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).

**\*\*REASON FOR DENIAL OF ZONING PERMIT:**

---

---

---

---

---