



# Office of Zoning & Code Enforcement TOWN OF SENECA FALLS

130 OVID STREET  
SENECA FALLS, NY 13148

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

## TOWN ZONING PERMIT APPLICATION

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

It is the responsibility of the Applicant to verify any additional Permitting requirements with Seneca County Code Enforcement

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

Project Address: \_\_\_\_\_  
 Property Tax Map ID# (If known): \_\_\_\_\_  
 Applicant's Name: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Property Owner's Name: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Property Owner's Address: \_\_\_\_\_  
 Contractor's Name (If applicable): \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Contractor's Email: \_\_\_\_\_  
 Project Cost (Required): \$ \_\_\_\_\_

OFFICE USE ONLY	
Permit Fee: \$ _____	Cash: _____ Check: # _____
Date Received: _____	Received By: _____
-APPROVAL DATES-	
HPC: _____	Planning: _____
ZBA: _____	
-PERMIT INFO-	
Permit #: _____	
Approved: _____	**Denied: _____
<b>**SEE REVERSE</b>	

Is this a corner lot? Y/N Will the work affect drainage flow? Y/N Is lot in Historic District? Y/N

### 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 or performance of constructions.

Signature of Applicant / Owner (REQUIRED) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Zoning & Code Enforcement Officer \_\_\_\_\_

Date \_\_\_\_\_

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**PROJECT SKETCH:**

- Show clearly and distinctly all buildings existing **and** proposed.
- **Show all dimensions of buildings** (as applicable).
- **Show building setbacks. Include heights if applicable.**
- Provide one complete set of plans showing proposed construction and specifications (as applicable). Include a copy of a survey map or tape location map (Use additional paper if needed).

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

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