



Office of Zoning & Code Enforcement
TOWN OF SENECA FALLS

130 OVID STREET
SENECA FALLS, NY 13148

315-568-8013
www.senecafalls.com

ZONING PERMIT APPLICATION REQUIREMENTS

**NO BUILDING OR STRUCTURE SHALL BE ERECTED, ADDED TO OR ALTERED
UNTIL A ZONING PERMIT HAS BEEN ISSUED.**

Before a Zoning Permit application will be accepted, the following information must be provided with the application, and must be complete and legible:

- A detailed description/sketch of work to be performed in the spaces provided or attach to the application.
- A plot plan or survey showing lot lines, existing buildings on premises, distance/separation and closest road or side road.
- Two sets of stamped plans: (1) 11x17 & (1) 24x36
- Project cost including all expenses associated with the project.
- Contractor's Proof of Insurance (Liability, Workers Comp, Disability) or a CE-200 Exemption form.
- Obtain and then provide a certificate of appropriateness if applicable.
 - Properties located within the Historic District may be required to obtain a Certificate of Appropriateness prior to the issuance of any Zoning Permit.
- Payment of permit fee at the time of application submission (Check or cash payments only- no exceptions).
- Homeowner/Contractor: It is recommended that the Seneca County Code Enforcement office be contacted for any additional permit requirements.

Work may not commence before the issuance of a zoning permit.

**APPLICATIONS WITHOUT THE NECESSARY
INFORMATION WILL BE DENIED!**



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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: _____

****SEE REVERSE**

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 filing 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 (REQUIRED)

Date

Signature of Zoning & Code Enforcement Officer

Date

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).

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