

Please Note: If this application requires review by Zoning Board of Appeals or Planning board - the applicant or agent **MUST** be present.

VILLAGE OF CLAYTON ZONING PERMIT

Village Clerk's Office
425 Mary Street
Clayton, NY 13624
Ph. (315) 686-5552, Option 5

Permit No. _____

Fee _____

Date _____

Tax Map No. _____

Name of Applicant _____

Agent (if different) _____

Address _____

Telephone # _____

FOR OFFICE USE ONLY:

Approved By _____

Date _____

Denied By _____

Date _____

Reason for Denial _____

The applicant, or his agent proposes to: (check one) ☐ ERECT ☐ ALTER ☐ EXTEND ☐ LOCATE ☐ MOVE
☐ A FAMILY DWELLING ☐ PRIVATE ☐ GARAGE ☐ APARTMENT ☐ MOBILE HOME ☐ RECREATIONAL VEHICLE
☐ UTILITY BUILDING ☐ OTHER

Property located at _____

The proposed activity will be used for the following : (check one) ☐ residence ☐ commercial/business
☐ industrial ☐ accessory building (describe): _____

Estimated Construction Value: \$ _____

Further description of the property activity (if necessary): _____

Two copies of a sketch plan must accompany this application showing the proposed structure, accessory structures and their placement on the lot on which they are located. The drawing shall show distances between the structure and all lot lines, other structures on the lot, road right-of-way line and any other outstanding natural or man-made features on or adjacent to the lot (e.g. streams, driveways, fences, cliffs, etc.). The dimensions of all lot lines shall be noted. Such a drawing shall be prepared for a change of use in an existing structure as well.

I, the owner or agent of the proposed use for which this permit application is being sought, do hereby affirm that the above information is true and accurate (to the best of my knowledge) and agree to abide by the regulations of the zoning ordinance, health codes and other applicable town ordinances.

Landowner, or agent, signature

Date