

Town of Allegany

Form A - Application for Zoning Permit

I. **APPLICATION:** The undersigned hereby makes application for a Town of Allegany Zoning Permit for the purposes and on the site described herein, and agrees that such purposes shall be undertaken in accordance with all applicable laws, ordinances and requirements.

Note: Any questions regarding Zoning Regulations, please contact the Zoning Officer at 372-4076.

Applicant Information:

Name: _____ Date: _____

Mailing Address: _____

_____ Phone: _____

Name of Owner If Not Applicant: _____

Mailing Address: _____

_____ Phone: _____

Property Identification:

Tax Map - Section _____ Block _____ Lot _____

Street Address: _____

Zoning District: _____ Flood Plain District: _____

Is site in violation of the town of Allegany Zoning Law? Yes No

Is site in violation of the town of Allegany Junk Ordinance? Yes No

II. **DESCRIPTION OF PURPOSES:** (Circle One)

To: Use, Move on Location, Erect, Repair, Alter, Construct, Install, Extend, Remove, Demolish, Maintain (legal nonconforming use) a structure or land located at:

at a cost of \$ _____ for the following purpose(s) _____

III. **SITE/PLOT PLAN:** A site / plot plan consists of a general layout to approximate scale which includes, but is not limited to: buildings, driveways, parking areas, sign locations, fences, adjacent roadways, oil & gas well(s), water well(s), septic system(s), and any other important features.

- Site Plans:
- Drawn on site/plot plan sheet
 - Attached
 - Not included. Explain why.

IV. **CONSTRUCTION:** If the proposed action involves construction, please provide the following data for the structure.

Type of building _____
What will building be used for _____
Height (Stories and Feet) _____
Number of family units _____
Dimensions of Lot _____ Square Feet _____
Corner Lot? _____ Interior Lot? _____
Front Yard Setback in Feet _____
Sideyard Setbacks in Feet, _____ Side 1 _____ Side 2 _____
Rear Yard Setback in Feet _____
Other Comments _____

V. **SPECIFICS**

Name of Compensation Insurance Carrier _____
Number of Policy _____ Date of Expiration _____
Name of Contractor _____
Address _____ Phone No. _____
Electrical inspection (if required) will be done by: _____

VI. **GENERAL:** (Answer all questions)

Have Health Department permits been granted? Yes No Not Required
Please submit a copy of approved permit with application, if yes.

Does off-street parking meet zoning requirements? Yes No Unknown

Is site in a Flood Plain? Yes No Unknown

Is site in an Agricultural District? Yes No Unknown

Is there access to public streets? Yes No Unknown

Is a driveway or curb cut necessary? Yes No Unknown

If Yes, have you contacted the appropriate highway department to coordinate such?
 Yes No

Have you consulted and are you in conformance with the State Multiple Residence Law?
 Yes No Unknown N/A

Have you consulted and are you in compliance with all applicable building codes?
 Yes No Unknown N/A

If a subdivision, have you consulted and are you in compliance with all applicable subdivision laws?
 Yes No Unknown N/A

APPLICANT'S SIGNATURE _____ DATE _____

Zoning Permit is granted is denied . Reason for denial: _____

Signature of Zoning Administrator