



Building & Zoning Permit Application

Received by: _____

Property Address/Location: _____

Parcel/Tax I.D. Number: _____

If Corner Lot, Provide Cross Street:

Land Owner's Name:

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Email:

Contractor's Name:

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Email:

General Reason for Application (circle all that apply):

BUILD EXTEND CONVERT ALTERATIONS DEMOLITION

Specific Description of Proposed Improvements (circle all that apply):

New Structure	Addition	Pool	Change in Land Use
Relocation	Shed, Garage	Fence	Expansion of Land Use
Grading/Excavation	Remodeling	Driveway	Change in Occupancy

Please describe project details & proposed usage of property:

Current Land Use (circle all that apply):

Residential Retail Office Industrial Vacant Land
--Number of Dwelling Units _____

Proposed Land Use: _____

Current Zoning District: Residential Commercial Industrial

Zoning Change Needed? NO YES—if yes, please describe reason in an attachment

Is proposed structure to be Owner-Occupied? YES NO

Project to be completed on or before (month/year):

Total Estimated Value of Project: _____

Type of Construction:

Type of Basement Construction:

Square Footage:

Basement: _____ # of Rooms: _____ # of Bedrms: _____

1st Floor: _____ # of Rooms: _____ # of Bedrms: _____

2nd Floor: _____ # of Rooms: _____ # of Bedrms: _____

Additional Floors: _____ # of Rooms: _____ # of Bedrms: _____

TOTAL SqFt: _____ **# of Rooms:** _____ **# of Bedrms:** _____

Total # of Stories: _____ Building Height: _____

Lot Size:

Width: _____ ft X Depth: _____ ft

Total Square Footage of Lot: _____

Application for Parcel # _____

Percentage of lot to be occupied by ALL structures (existing and proposed) _____%

Percentage of REAR yard to be occupied by structures (existing and proposed) _____%

Has this lot been subdivided in any manner since 10/23/90? YES NO
--If yes, please included copy of subdivision plats

Applicant's Acknowledgement

The undersigned hereby applies for permission to do the above in accordance with the provisions of the Zoning Ordinance, and other Laws and Regulations of the Village of Trumansburg, New York; or others having jurisdiction. Additionally, that such structures for which is included in this application will be built, or has been built according to the latest Standards of the New York State Uniform Fire Prevention and Building Code.

I have fully read through the provided Zoning and Building Permit Application Process Guide and signed pages 2 and 3 entitled "Important Permit Application Information."

I, the applicant, hereby acknowledge that I understand and agree that any error, misstatement or misrepresentation of material fact, whether or not deliberate, that might or would otherwise cause this application to be denied, or any material alteration or change in the plans, specifications or proposed structure accompanying this application made subsequent to the issuance of a permit relating to this application, without the approval of the Village of Trumansburg, shall constitute sufficient ground for the immediate revocation of such permit.

I understand that this one application will be used to obtain either a Zoning Permit, Building Permit or both. However, certain classifications of projects may require additional applications and/or permits to be obtain and understand that I will be instructed by the Zoning Officer or Code Enforcement Official when these may be required.

I, being dully sworn according to law, hereby swear and attest that I am the lawful owner or agent for the owner of the previously described property and that the allegations, representations and statements made in the attached application are accurate and complete to the best of my knowledge.

X

Owner or Owner's Agent Signature

Date

Please print name of above Signature

******This page is for Office Use ONLY******

Permit Fees:

Building Review Fee: \$ _____

Zoning Review Fee: \$ _____

TOTAL FEE FOR PERMITS: \$ _____

Paid on: _____

Received By: _____

Cash or Check # _____

Field Checked: _____ By: _____

Structure Classification: Principal Accessory Other:

Minimum Setback Requirements:

Front: _____ ft. Side: _____ ft. Rear: _____ ft.

Zoning Notes:

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It is hereby certified that the attached Building & Zoning Permit Application for the property located at _____, Parcel # _____ conforms with all applicable provisions of the Village of Trumansburg Zoning Ordinance.

APPROVED BY:

DATE APPROVED:

DEANNA KLINE, Zoning Officer

Date Forwarded to Code Enforcement Official for Final Review:

IF Zoning Approval is NOT APPLICABLE, Zoning Officer must initial here:

IF DENIED—Reason for denial and right of appeal will be stated in above Zoning Notes
