Zoning Dept. Use Only
Approved_____
Denied_____
ZEO Initials_____

Zoning Permit Application

Town of Castile

Wyoming County Zoning Department
36 Center Street, Suite C
Warsaw, New York 14569
ph(585) 786-3152
fax(585) 786-6020

Fee to be paid upon filling this application_____
Date Paid_____
Check_____Cash_____

Instructions:

1. This application must be completely filled in by typewriter or ink and submitted in duplicate to the Town Clerk.
2. A plot plan showing location of lot and of buildings on premises, relationship to adjoining premises or public streets or areas, and giving a detailed description of layout of property must be submitted with this application.
3. The work covered in this application shall not commence prior to issuance of a Building Permit.
4. Upon approval, the Zoning Officer shall issue a Zoning permit to the applicant. Such permit and specifications shall be kept on premises available for inspection throughout the work progress.
5. No building shall be occupied or used in whole or in part for any purpose, until a certificate of occupancy has been issued for such use by the Building Department.
6. Upon permit issuance, all work is to be completed within 12 months or a permit renewal must be obtained.

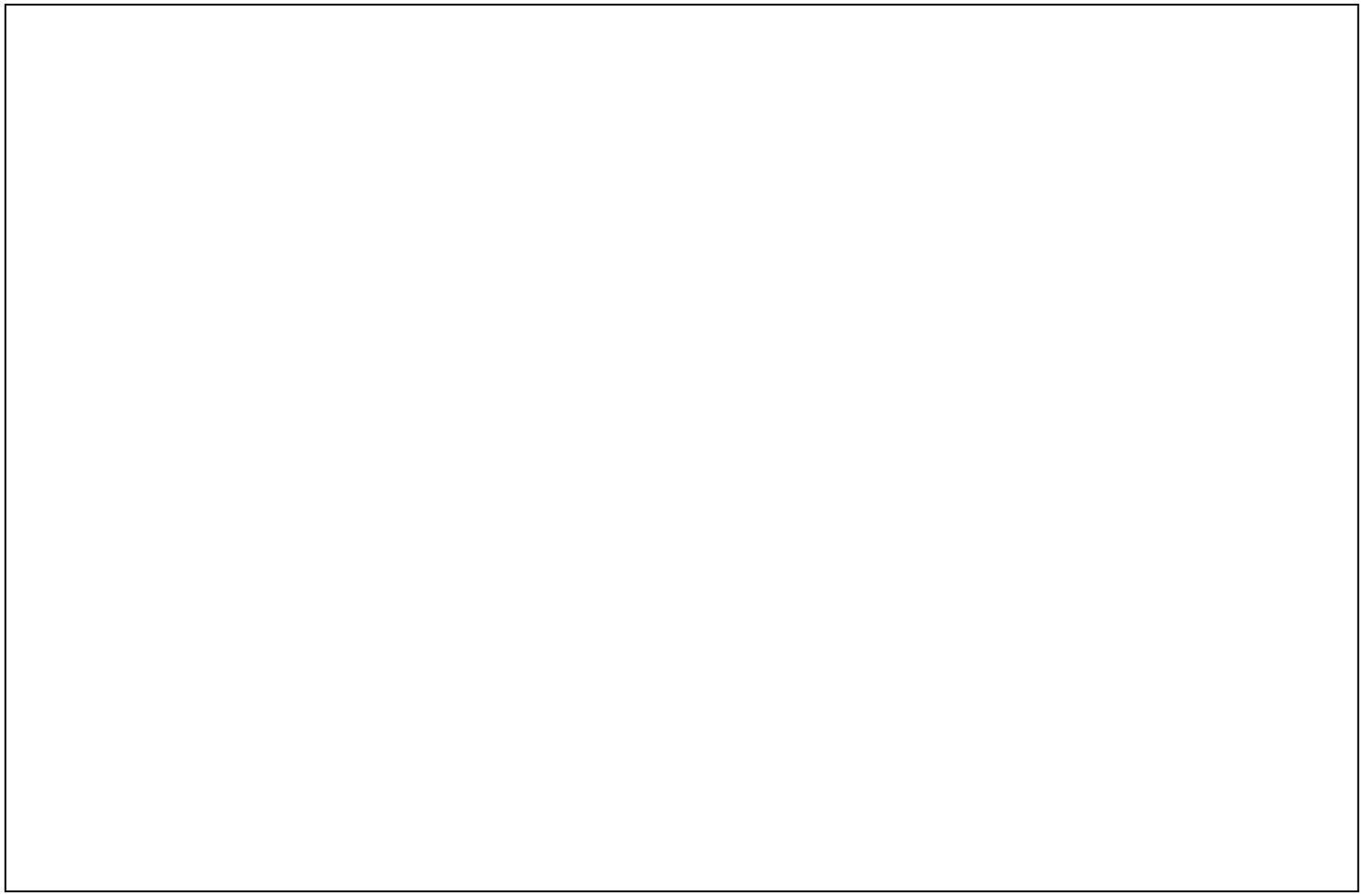
Application is hereby made to the Zoning Department for the issuance of a Zoning Permit pursuant to The Town Zoning Law and the New York State Uniform Fire Prevention and Building Code for the construction of buildings, additions, alterations, or for removal or demolition, as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations.

Project Location: _____ Tax Parcel#_____
Applicant Name: _____ Applicant Address: _____
State whether applicant is owner, lessee, agent architect, engineer or builder:_____
Owners Name: _____ Owners Address:_____
Phone# _____ Cell# _____

1. Project Description: _____
2. Is this project located within a flood plain? (check): Yes _____ No _____
3. Is this a change of use and or occupancy (check): Yes_____ No_____
4. Nature of work (check): New Structure ___ Addition ___ Alteration___ Repair___ Removal___ Demo___ Pool ___ Solid Fuel ___ Other (give description) _____
5. Dimensions of new structure: Front _____ Rear _____ Depth_____ Height_____ Number of Stories_____
6. Dimensions of Addition: Front _____ Rear _____ Depth_____ Height_____ Number of Stories_____
7. If Alterations, state nature of work: _____
8. Name of Contractor: _____Phone#_____
9. Name of Design Professional: _____Phone#_____
10. Zoning District in which the work will take place: _____
11. Estimated cost of the project: _____
12. On the plot diagram provided on page 2, or an attachment, provide location of the street or road, all buildings existing and proposed, dimensions from lot lines and streets or roads.

Applicants Signature:_____(S) He is the owner, agent or contractor of said owner or owners, and is duly authorized to perform or have performed the said work and to make and file this application; that all statements contained herein are true to the best of his or her knowledge and belief, and that the work will be performed in the manor set forth in the application and in the plans and specification filled herewith. *All Zoning Permit approvals must be taken to the **Wyoming County Building Department** to obtain a building permit prior to any work starting.*

Plot Diagram



Street Name: _____

This Permit # _____ is hereby _____ Approved, _____Disapproved
Issued for: _____with the following
stipulations: _____.

Zoning Enforcement Officer: _____

Date of approval: _____ (or) Date of denial: _____
Reason for denial (check): _____ Needs Area Variance, _____ Needs Use Variance, _____ Needs Special Use Permit

Special Use Permit
Date: _____Fee: _____
Approved by: Planning Board
Votes: Yes _____ No _____

_____
Chairman of Planning Board

Zoning Variance
Date: _____Fee: _____
Approved by: Zoning Board of Appeals
Votes: Yes _____ No _____

_____
Chairman of Zoning Board of Appeals