

Town of LeRay ZONING PERMIT APPLICATION

Application # <u>Z-</u> _____
Approval Date: _____
Denial Date: _____
Mail or Pickup

Applicant: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____

Are you the Owner Tenant Contractor Other explain: _____

Property Owner (if different from applicant): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

OFFICE STAFF ONLY			
<input type="checkbox"/> <i>Residential - Fee \$25</i>	<input type="checkbox"/> <i>Commercial – Fee \$100.00</i>	<input type="checkbox"/> <i>Change of Tenant – Fee \$10.00</i>	<input type="checkbox"/> <i>Flood Plain – Fee \$50.00</i>
Check # _____	Date Submitted: _____		
Receipt # _____	Received By: _____		

Property Location:

The property fronts on _____ and consists of _____ acres.
Road Name

Property Address: _____

City: _____ State: _____ Zip: _____

Zoning District: _____

Tax Parcel # _____

Do you have an approved Driveway Permit? _____ Yes _____ No _____ Unsure

Are you in a Town of LeRay Water District? _____ Yes _____ No _____ Unsure

Are you in a Town of LeRay Sewer District _____ Yes _____ No _____ Unsure

If not, have you obtained approval for connection to the Water/Sewer? _____ Yes _____ No

Are you located in a Flood Plain? _____ Yes _____ No (maps available at Town Office)

10. Explain what you are proposing to do: _____

11. It is proposed that the following additions/improvements to existing buildings will be constructed: _____

12. It is proposed that the following buildings be constructed: _____

13. Additional comments if any: _____

For Change of Tenant

Provide a signed statement that you agree to adhere to the stamped Approved Site Plan from the Town of LeRay Planning Board that was signed by the Chairman.

Who was the previous Tenant? _____

Is there an Approved Site Plan? _____

Are you in compliance with this Site Plan? _____

I/we, the undersigned, do hereby respectfully agree to comply with any conditions required by the Town of LeRay and authorize the Zoning Enforcement Officer to go upon the property for the purpose of making site inspections. I will contact the Zoning Enforcement Officer **twenty-four (24) hours** in advance of pouring the foundation.

Signature of Applicant: _____

Signature of Owner (if different from applicant): _____

Applicant Telephone Number: _____

This office has up to 30 days to review this application before issuing a permit.

OFFICE USE ONLY

Approval Date: _____ Signed: _____

Zoning Enforcement Officer

Denial Date: _____

Reason for Denial: _____

Town of LeRay

Zoning Permit Application Drawing

Please use this page to plot the dimensions of the lot. Show the size and location of all proposed and/or existing structures and accessory structures on the property, including the distance from the building line to all lot lines, road Right-of-Way lines, streams, and any other features of the lot.

PLOT

FRONT

STREET

Please submit completed application to the
Town of LeRay Municipal Office Building
Attn: Zoning Enforcement Officer
8650 LeRay Street
Evans Mills, NY 13637
315-629-4052