Town of LeRay

MUNICIPAL OFFICES

8650 LeRay Street
Evans Mills, NY 13637-3191
Office: (315) 629-4052
Fax: (315) 629-4393
www.townofleray.org

ZONING PERMIT APPLICATION

PART 1. INSTRUCTIONS TO APPLICANT

Please ensure that all information is typed or clearly printed, and that all applicable fields are completed to the best of your ability. Write "NA" when "non-applicable." Incomplete applications may result in delays. This office has up to 30 days to review your application before issuing a permit.

The individual who completed this application (the Applicant), must be either the Owner or an Authorized Agent (included).

What to Include With Your Application

1. Permit fee
2. Complete application
3. Plot plan/sketch showing:
   - ✓ Property Dimensions
   - ✓ Size and location of all proposed and existing structures on the lot
   - ✓ Setback distances from all lot lines, road right-of-way, waterbodies, etc.

When measuring setbacks, distances must be measured from the property line (or road line/high water mark, if applicable) to the closest part of the structure, including anything that sticks out. This means you must measure to the outer edge of features such as:

- Roof overhangs (eaves and cornices)
- Porches (even if not enclosed)
- Decks or stairs
- Carports or attached garages

Fee Schedule

Residential Use Fee	$25.00
Residential Use, Late Compliance Fee	$50.00
Commercial Use Fee	$100.00
Temporary Use Fee	$100.00

→ **LATE COMPLIANCE** refers to starting work without an approved Zoning Permit.

OFFICE USE ONLY .....

Permit #: ZP- _____

Fee: ☐ $25.00 Residential ☐ $50.00 Late Compliance ☐ $100.00 Commercial ☐ $100.00 Temporary

Payment Info: ☐ Cash ☐ Card ☐ Check ☐ Money Order

Check/Order #: _____ Date Paid: _____ Received By: _____

ZEO Decision: ☐ Approved ☐ Denied

ZEO Signature: _____ **Date:** _____

PART 2. APPLICANT & PROPERTY OWNER INFORMATION

Project Applicant: _____

Company Name *(if applicable)*: _____

Email: _____ Phone: _____

Mailing Address: _____

Property Owner(s) (*as listed on Deed*): _____

Company Name *(if applicable)*: _____

Email: _____ Phone: _____

Mailing Address: _____

PART 3. AUTHORIZED AGENT DESIGNATION

The **Authorized Agent** is a person or entity designated by the property owner to act on their behalf in matters related to this application. If someone other than the property owner is submitting the application or will be involved in communications regarding the permit, this section must be completed and signed by the property owner.

★ General zoning information is available to the public upon request, but specific questions or decisions related to an active permit application will only be addressed with the designated parties listed on this form.

1. Agent Name: _____

Company Name *(if applicable)*: _____

Email: _____ Phone: _____

Mailing Address: _____

2. Agent Name: _____

Company Name *(if applicable)*: _____

Email: _____ Phone: _____

Mailing Address: _____

As the owner of the property indicated above, I duly authorize _____ to act as my Agent to represent my interests concerning this zoning permit application as it relates to my project.

Owner Signature: _____ Date: _____

Agent Signature: _____ Date: _____

Agent Signature: _____ Date: _____

PART 4. PROPERTY INFORMATION

1. Property Address: _____

2. Tax Parcel #: _____

3. Zoning District (*as defined by Town Code*):

☐ (AR) Agricultural Residential District
☐ (R-1) Residential Single-Family District
☐ (MU) Mixed-Use District
☐ (CC) Commercial Corridors District
☐ (MED) Mixed Economic Development District
☐ (PD) Planned Development District
☐ (MHO) Manufactured Home Overlay District

4. Current Land Use as defined by the Zoning Code: _____

5. Acres in Deed: _____

6. Is this Waterfront Property? ☐ Yes ☐ No

7. Is this property located in a designated Water or Sewer District? ☐ Yes ☐ No

Water Supply: ☐ Municipal water ☐ Private well ☐ N/A

Wastewater System: ☐ Municipal sewer ☐ Private septic / leach field ☐ N/A

8. Is this a corner lot? ☐ Yes ☐ No (*if yes, list road frontage for each side on Q.7.*)

9. Road Frontage (ft): _____

10. Are there any existing structures on the property? ☐ Yes ☐ No

If yes, list all structures and their sizes:

_____

_____

11. Are there existing, nonconforming uses or structures on the parcel? ☐ Yes ☐ No
(*A building or activity that was legal when it was first established but doesn't meet today's zoning rules*)

If yes, please explain:

_____

_____

12. What is the character of the surrounding lands?

_____

_____

PART 5. PROJECT INFORMATION

For the purposes of this application, the term structure will apply to

1. Type of Construction or Use *(Check all that apply)*

- ☐ New construction
- ☐ Addition
- ☐ Accessory structure
- ☐ Upgrade to existing equipment
- ☐ Fence
- ☐ Temporary Use
- ☐ Deck/porch
- ☐ Modular Home
- ☐ Manufactured Home (☐ single / ☐ double)
- ☐ Solar
- ☐ Change of Use (new use: _____)
- ☐ Other: _____

2. Please describe, in plain terms, what you are proposing to do:

_____

_____

_____

3. Number of proposed structures:_____

4. The proposed structure(s) will be: ☐ stick-built ☐ placed ☐ removed ☐ repaired ☐ altered ☐ NA

☐ Other: _____

5. Dimensions of each proposed structure (*L x W x H*): _____

_____

6. For each proposed structure, provide the setback distance to:

(a) Front property line (*road/ROW*): _____

(b) Rear property line: _____

(c) Left side property line: _____

(d) Right side property line: _____

(e) Nearest waterbody or wetland (*if applicable*): _____

7. Number of stories: _____

8. Type of foundation (*slab, piers, crawlspace, etc)*: _____

9. Does this project require additional Town approvals/permits? ☐ Yes ☐ No

If yes, type of approval (*check all that apply*):

☐ Site Plan ☐ Subdivision ☐ Special Use Permit ☐ Driveway Permit

☐ Area Variance ☐ Use Variance ☐ Water/Sewer Hookup ☐ Road Dedication

☐ Other: _____

PART 6. ENVIRONMENTAL & REGULATORY REVIEW

This section helps determine whether your project is located in or near a regulated area. **If you're unsure, please contact the Zoning Office for assistance before submitting.** Please check all that apply.

☐ **Yes** ☐ **No** The project is located within a designated Wellhead Protection Area.

☐ **Yes** ☐ **No** The project is located within an aquifer recharge area.

☐ **Yes** ☐ **No** The project is located within a NYS Certified Agricultural District containing a farm operation OR on property with boundaries within 500 feet of a farm operation located within a NYS Certified Agricultural District.

☐ **Yes** ☐ **No** The project is located within the 100-year flood plan.

☐ **Yes** ☐ **No** The project is located within 500 feet of Federal or State designated wetlands.

☐ **Yes** ☐ **No** This project involves construction or disturbance within 100 feet of a protected water feature.

Name of stream/lake (if known): _____

☐ **Yes** ☐ **No** The project is located on property—or is located near a building, site or neighborhood—that is listed on the National or State Register of Historic Places, or has been designated by the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places.

☐ **Yes** ☐ **No** A part of the project area is in, or bordering, a spot that SHPO has marked as archaeologically sensitive.

☐ **Yes** ☐ **No** The project site contains species of animals, or associated habitats, listed by the State or Federal government as threatened or endangered.

PART 7. PLOT SKETCH

Please use this page to draw a sketch of the work being proposed. Please include the dimensions and locations of all proposed and existing structures on the property. Additionally, the setback distances of all proposed structures from the front/back/side property lines, road right-of-way, streams, and any other features on the lot must be shown.

PART 8. PERMIT ACKNOWLEDGEMENTS

☐ I understand this permit is valid for one (1) year from the date of issue, and that Temporary Zoning Permits may be issued for up to 6 months, with renewals not to exceed 18 months total.

☐ I understand any false statements may result in the revocation of this permit.

☐ I understand this permit is for zoning approval only and does not constitute a building permit. A building permit may be required from the Jefferson County Code Enforcement Office.

☐ I certify that the information provided is true and complete to the best of my knowledge.

☐ I 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.

Applicant Signature: _____ Date: _____

Owner Signature (*if different*): _____ Date: _____

Submit this Application to:

Address: Town of LeRay, Zoning Department
Attn: Morgan Melancon, Secretary
8650 LeRay Street
Evans Mills, NY 13637

Email: clerk@townofleray.org
Phone: (315) 629-7101

PART 9. WHAT HAPPENS NEXT?

APPROVAL:

We will call you when your permit is approved or if we need additional information. A copy of your approved permit will be sent to the Jefferson County Code Enforcement Office for their records.

How would you like to receive your approved permit?

☐ In-Person Pickup at Town Office

☐ US Mail to the [☐ Applicant ☐ Owner ☐ Authorized Agent]

(listed mailing address will be used)

Optional Digital Copy

☐ Email copy to the [☐ Applicant ☐ Owner ☐ Authorized Agent]

DENIAL:

If your application is denied, you will receive written notification with the reason for denial.