



Village of Stamford

84 Main Street, Stamford, NY 12167
Office: 607-652-6671 Fax: 607-652-3567
www.stamfordny.com

APPLICATION FOR ZONING PERMIT

Date _____

Application # _____

APPLICATION IS HEREBY MADE to the Village of Stamford for Zoning Permit Approval. The applicant agrees to comply with the NYS Uniform Fire Prevention and Building Code and all applicable laws, ordinances, regulations, and conditions expressed on this application which are a part of these requirements, and will also allow all inspectors to enter the premises for required inspections.

Applicant:

Name _____
Address _____
Telephone _____
Email: _____

Owner (if different):

Name _____
Address _____
Telephone _____
Email: _____

Plans Prepared By:

Name _____
Address _____
Telephone _____

Property Location _____
Zoning District _____
Tax Map Number
Sheet ____ Block ____ Lot ____

Number of Off Street Parking Spaces provided _____

Total Site Area (square feet or acres) _____

Describe proposed use including primary and secondary uses, ground floor area, height, and number of stories for each building:

- For residential buildings include number of dwellings, units by size (efficiency, one bedroom, etc.)
- For non-residential buildings include total floor area and total sales area, etc.)

Use a separate sheet if needed



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Current land use at site (agriculture, commercial, etc.)

Current condition of site (buildings, brush, etc.)

Anticipated increase in number of residents, employees, shoppers, etc. (as applicable)

ALL STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND ANY CONSTRUCTION WILL BE PERFORMED IN THE MANNER SET FORTH IN THE APPLICATION AND SPECIFICATIONS FILED THEREWITH.

Signature of Applicant / Property Owner

Date _____

Zoning Enforcement Officer Certification

The following approvals have been obtained if necessary:

- | | |
|-------------------------------|------------|
| _____ Site Plan Approval | date _____ |
| _____ Special Permit Approval | date _____ |
| _____ Use Variance Approval | date _____ |
| _____ Area Variance Approval | date _____ |
| _____ County 239 Review | date _____ |

I hereby certify the Zoning Permit Application is complete, and having obtained all necessary approvals is in conformance with the Village of Stamford Zoning Law.

Signature of Zoning Enforcement Officer

Date _____

ZONING PERMIT DENIAL

I certify that this application for Zoning Permit Approval is not in conformance with the Village of Stamford Zoning Law and is hereby DENIED.

Reason for Denial

Signature of Zoning Enforcement Officer

Date _____