# ZONING PERMIT APPLICATION

### **Codes/Zoning Officer**

# Town of Newport P.O. Box 519, Newport NY 13416

Matthew Snyder (315) 985 5127

#### ZONING PERMIT APPLICATION INSTRUCTIONS:

- 1. All permits must be applied for and the permit application approved before work is started.
- 2. No work shall be started on the assumption that the permit will be approved.
- 3. Provide completed application with 2 copies of a site plan to the Codes / Zoning Officer. Site plan must show area of proposed work with distances to wells, ponds, lakes, streams, dwellings and property lines.
- 4. Please contact Codes / Zoning Officer with any questions regarding Zoning Permits.

ZONING PERMIT APPLICATION:										
APPLICANT:										
Name:	Phone#									
Address:										
Phone#										
Email Address:										
OWNER (if different)										
OWNER:										
Name:	Phone#									
Address:										
Phone#										
Email Address:										
Nature of project:										
PROPERTY / PROJECT INFORMATION										
Address:										
Tax Map #										
Phone#	(OFFICE USE ONLY) Application Number:									
Applicants Signature:	Fee (if variance required: Date Issued:									
Date:	Date Returned:  ( ) complete ( ) approved ( ) resubmit									
	Reason:									

## **Plot Diagram**

Locate clearly all buildings, existing and proposed, and include setback dimensions from property lines. Give lot and block numbers or description according to deed and show all easements and street names. Please indicate whether interior or corner lot. As an alternative to using this plot diagram, a plot plan including all above requirements may be provided.

Property Address\_\_\_\_\_

Date: \_\_\_\_\_

								NOTES:  • If this is a vacant lot, provide dimensions of proposed buildings • If there are existing buildings, show dimensions of existing and proposed additions. • For new construction,								
										sub	mit a	an st	ırvey	of		
										four	ndati	ion l	ocat	ions		