

<b>Zoning Dept. Use Only</b> Approved _____ Denied _____ ZEO Initials _____
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# Zoning Permit Application

**Village of Warsaw**  
 Wyoming County Zoning Department  
 36 Center Street, Suite C  
 Warsaw, NY 14569  
 Phone (585) 786-3152  
 Fax (585) 786-6020

Fee to be paid upon filling this application _____ Date Paid _____ Check _____ Cash _____
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## Instructions:

1. This application must be completely filled out and submitted to the Wyoming County Zoning Department.
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. If paying permit fee via check, please make payable to **Wyoming County Treasurer**.
4. The work covered in this application shall not commence prior to issuance of a Building Permit.
5. 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.
6. 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.
7. 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# \_\_\_\_\_ E-Mail: \_\_\_\_\_

**SEQR Required:**     Yes     No     Type 1     Type 2     Unlisted

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

(Include and label road where property is located. Also include lot lines, all buildings, dimensions and distance from lot lines)

Street Name: \_\_\_\_\_

**New building distance from property lines (in feet):** Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
Left: \_\_\_\_\_ Right: \_\_\_\_\_

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 \_\_\_\_\_ Site Plan Review \_\_\_\_\_ Re-zone

<b><u>Special Use Permit</u></b>	
Date: _____	Fee: _____
Approved by: _____	

<b><u>Zoning Variance</u></b>	
Date: _____	Fee: _____
Approved by: _____	