

TOWN OF ATTICA
ZONING PERMIT APPLICATION

William Stranahan
Town of Attica Zoning Officer
(585) 322-6406 or (585) 689-9257

PERMIT No.: _____	Application Date: _____
Application No.: _____	
Tax Map No.: _____	Phone No.: _____
Owner: _____	
Address: _____	
(Street)	(City) (State) (Zip)

Present Use of Land: _____ Intended Use of Improvements: _____
Type of Work: ___Garage ___Sign ___Driveway ___Sidewalk ___Home/Addition
 ___Fence ___Barn ___Porch/Deck ___Parking Lot ___Other: _____

1. I propose to do the following work: (Erect) (Alter) (Move) (Enlarge) (Use)
(___ Story) (_____ Building) (_____ type of construction) (_____ feet high)
(Type of use _____)

All permits are subject to the approval of the Wyoming County Health Department and/or the Wyoming County Building and Fire Code Inspector. *New Construction driveways are the responsibility of the Town of Attica Highway Superintendent, Bruce Kriger at (585) 591-1366.* Landowners of driveways on County and State roads must contact the County and State Highway Departments, respectively.

PLEASE NOTE: This is not a building permit! In Most cases a building permit is required through the County of Wyoming Building Code and Fire Inspector at (585) 786-8820.

2. On the (front) (rear) (side) of the premises known as _____
located in the (Agricultural) (Residential) district
3. Size of building: _____ feet wide, _____ feet deep; or Area: _____ square ft.
Est. Cost \$ _____
4. On a lot _____ feet wide x _____ feet deep. Or Area _____ square feet or _____ acres
5. Located on the _____ side of _____ (Street) (Avenue) (Road)
6. The following other buildings are located on the lot: _____
Size: _____ feet wide x _____ feet long _____ Story, _____ feet high, area: _____ sq. feet
7. Number of families to be housed in premises (if applicable) _____
8. Building will be used for: _____
9. Sketch map below showing dimensions of proposed building, its reference to street and sidelines and distance from building on adjoining lots hereby made a part of this application.
10. If such permit is granted, applicant agrees that the provisions of the Zoning Ordinance of the Town of Attica, and all other ordinances that may be applicable, will be complied with. Each home of dwelling shall have a foundation around the perimeter to a depth below the frost line. Such permit shall expire and be of no effect unless construction is started within three (3) months of the date of issuance, and unless completed within fifteen (15) months of the date of issuance.

11. The applicant(s) allege that the proposed zoning permit use property (is) (is not) in a flood zone and:
- a. Would not create a hazard to health, safety, morals or public welfare because _____
 - b. Would not be detrimental to the neighborhood or to residents thereof because _____
 - c. Would not depreciate or tend to depreciate the value of property in the Town because _____
 - d. Would not alter the essential character of the surrounding area because _____
12. List any additional information which applicant(s) desire to be considered with this application: _____

Name & Address of Contractor: _____

Minimum set-back of front yard is fifty (50) feet from public right of way. Rear yard set-back is forty (40) feet. Minimum side yard set-back is fifteen (15) feet, except for corner lots, when it is twenty-five (25) feet from Public Street or right of way. Lot coverage may not exceed 25% in dwellings and 35% in buildings other than residential. The surface grade of the front yard at the front wall of the principal building will not be less than two (2) feet above the elevation of the centerline of the traveled way of the road.

Name of Road or Street to be built upon: _____

LOT TO BE BUILT UPON

ADJACENT LOT (Owner & Type of Use)	_____ Feet x _____ Feet	ADJACENT LOT (Owner & Type of Use)
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
	_____ Feet x _____ Feet	
ADJACENT LOT (Owner & Type of Use)	_____ Feet x _____ Feet	ADJACENT LOT (Owner & Type of Use)

Plans Attached: Yes No Number of Sheets: _____ Value of Work: \$ _____
Survey Map Attached: Yes No

A Zoning Permit, issued based upon the above information, authorizes the above-listed type of work and no other. It does not relieve the designated permit holder of the responsibility of obtaining the approvals of other applicable state and county agencies.

I hereby certify that I have read, examined and understand this application and know the same to be true, correct and to the best of my knowledge.

Signature of Applicant: _____ Date: _____
Print Name/Title: _____

For Office Use Only

Application Reviewed: Yes No By: _____ Date: _____
Application Approved: Yes No By: _____ Date: _____
Application Fee Paid: Yes No If yes, amount: \$ _____
Comments: _____

The denial, if so manifest above, is based on a violation of section _____ of the Zoning Ordinance as follows: _____

COPIES: Applicant Zoning Officer Assessor Town Clerk Planning Board & ZBA Chairman(s)

The determination within is (affirmed) (revised) (modified) by the Board of Appeals
this _____ day of _____, 20__ as follows:

Zoning Board of Appeals

BY: _____

