

**TOWN OF CHAZY**  
**APPLICATION FOR BUILDING AND ZONING PERMIT**  
Zoning & Building Code Officer: (518) 846-7544 Ext. 5 Fax. # (518) 846-8981

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**For Code Inspector's Use:**

PERMIT NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

APPROVALS NEEDED:

\_\_\_\_\_ Town Planning Board  
\_\_\_\_\_ Town Zoning Board of Appeals  
\_\_\_\_\_ Clinton Co. Health Department  
\_\_\_\_\_ State Highway Department  
\_\_\_\_\_ County Highway Department  
\_\_\_\_\_ State Dept. Of Environmental Conservation  
\_\_\_\_\_ Town Highway Department  
\_\_\_\_\_ Other \_\_\_\_\_

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1. Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone number ( ) \_\_\_\_\_

2. Name of Builder/Contractor: \_\_\_\_\_  
\_\_\_\_\_

3. Name of Land Contract Owner, if applicable:  
\_\_\_\_\_

4. Location of property: \_\_\_\_\_  
\_\_\_\_\_

5. (A) Tax map identification number: \_\_\_\_\_  
Map No. : \_\_\_\_\_  
Block No. : \_\_\_\_\_  
Parcel No. : \_\_\_\_\_

(B) Recorded information from deed - \_\_\_\_\_ Date recorded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Book: \_\_\_\_\_  
Page: \_\_\_\_\_

6. Zoning District, as shown on the Town of Chazy Zoning Map (needed for Zoning Permit only) :  
\_\_\_\_\_.

7. Application is made to:  
\_\_\_\_\_ construct a building  
\_\_\_\_\_ enlarge a building  
\_\_\_\_\_ improve or repair an existing building  
\_\_\_\_\_ place a mobile home on the property  
\_\_\_\_\_ place a satellite dish or other accessory structure  
\_\_\_\_\_ establish a new use of land on the property  
\_\_\_\_\_ place a sign

8. Describe the proposal, including all proposed buildings and uses of land:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Size of proposed Buildings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Construction height (feet) : \_\_\_\_\_
11. Number of family units (for residential structures) : \_\_\_\_\_
12. Distance from buildings to lot boundaries (front yard is measured to highway right-of-way) :  
 Front yard : \_\_\_\_\_  
 Side yard : \_\_\_\_\_  
 Side yard : \_\_\_\_\_  
 Rear yard : \_\_\_\_\_
13. Dimensions and size of lot : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Estimated cost of construction : \_\_\_\_\_
15. Deed restrictions, if any : \_\_\_\_\_  
 \_\_\_\_\_
16. Construction or use start up date: \_\_\_\_/\_\_\_\_/\_\_\_\_
17. Current use of site : \_\_\_\_\_
18. Sewage system must be approved by the Clinton County Department of Health.  
 Attach appropriate documentation.
19. Attach three (3) copies of a layout or plot plan drawn to scale showing the actual dimension of the lot, and exact location of all proposed buildings, structures, and driveways, or if Conditional Use Approval by the Planning Board is needed, attach three (3) copies of a site plan showing all features required by Section 820 of the Town of Chazy Zoning Law.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant



\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Building Code Enforcement Officer

Expiration date of permit : \_\_\_\_/\_\_\_\_/\_\_\_\_