

Town of Hamilton

38 Milford Street

Hamilton, NY 13346

Phone: (315) 824-3380 Fax: (315) 366-3054

www.TownofHamiltonNY.gov

Codes@townofhamiltonny.gov

Date received:

Application for Zoning Permit

Please fill out form **completely** and submit to Code Enforcement Officer along with any attachments.

Applicant Information:

Name: _____

Mailing Address: _____

Street Town State Zip

Phone: _____ Email: _____

Applicant is: ☐ Owner ☐ Agent
 ☐ Lessee ☐ Contract vendee

Owner Information:

Name: _____ Signature: _____

Mailing Address: _____

Street Town State Zip

Phone: _____ Email: _____

Proposed Use/ Project Information:

Intended use: ☐ Residential ☐ Commercial
 ☐ Agricultural ☐ Other _____

Describe proposed use or project: _____

Property Information:

Property Tax Map #: _____ Size of Parcel: _____ Acre(s)

Property location: _____

Has this property been subject to any previous variance, special use permit, zoning permit, subdivision or any other action by the Town of Hamilton?

☐ YES ☐ NO

If yes, please give dates, file numbers and a brief description of action:

Attachments:

Please attach a **sketch plan** showing where proposed use/project will be located on parcel and attach any other information as appropriate in order to fully describe proposal.

I affirm that the statements herein are true to the best of my knowledge and belief.

Signature _____ Date _____

Please note: The Codes Enforcement Officer has up to 10 working days after receiving a completed application to make a determination on the application per the Town Zoning Law

OFFICE USE ONLY

APPLICATION:

- () Zoning Activity Approved, No Other Permits Needed at this time.
- () Zoning Activity Needs Additional Approvals/Permits, See Below.
- () Zoning Activity Denied, Reason: _____
If denied, an application may be made to the Zoning Board of Appeals

ADDITIONAL APPROVALS/PERMITS Needed:

- () Building Permit – Codes Officer Approval Needed
- () Site Plan – Planning Board Approval Needed
- () Special Use Permit – Planning Board Approval Needed
- () Subdivision – Planning Board Approval Needed
- () Variance: Use () Area () – Zoning Board of Appeals Approval Needed
- () Other Action: _____

CEO NOTES:

C.E.O. Signature _____ Date: ____/____/____