TOWN OF CARROLLTON
CODE ENFORCEMENT

Code Enforcement Officer: _____

APPLICATION FOR ZONING PERMIT

_____
Property Owner's Name

_____
Property Owner's Address

_____
Address for Permit (if different from above)

_____
Building zone in which property is located

Intended Use/Occupancy _____

_____

What is to be constructed? _____

_____

Property Dimensions _____

Building Dimensions _____

Front Yard Setback _____

Side Yard (1) _____ Side Yard (2) _____

Distance to Rear Lot Line _____

Height of Building _____

Stories _____ Parking Spaces _____

A PLOT PLAN MUST be prepared and attached hereto. Show street name(s), indicating whether interior or corner lot. It must locate clearly and distinctly all building whether existing or proposed, and indicae all set-back dimensions from property lines. Include property description according to Town Tax Roll and Map.

Applicant agrees to comply with provisions of the Zoning Law of the Town of Carrollton and of the New York State Uniform Fire Prevention and Building Codes.

_____ _____
Signature of Applicant **Date**

FOR OFFICIAL USE ONLY

No. _____

_____
Application Received By

Application Fee _____

Date Paid _____

Action of Zoning Officer

Approved _____ Denied _____

Date _____

Zoning Officer's Reason For Denial

_____

_____

_____

_____

_____

_____

_____

_____

_____
Signature of Zoning Officer

Date _____