

TOWN OF MARYLAND
OTSEGO COUNTY - NEW YORK STATE

APPLICATION FOR ZONING PERMIT

PLEASE FILL IN ALL BLANKS ON THIS FORM AND RETURN IT TO THE ZONING ENFORCEMENT OFFICER. OTSEGO COUNTY PERMITS MAY ALSO BE REQUIRED BEFORE ANY CONSTRUCTION OR EXCAVATING MAY BEGIN.

Name of Applicant: _____ Phone No. _____

Mailing Address: _____

Property Owner: _____ Phone No. _____

Mailing Address: _____

Tax Map Number (found on tax bill) _____

Date of Deed _____ Liber _____ Page _____

Location of Property: Describe by side of road and distance if intersecting roads, landmarks, or neighboring properties. _____

Zoning District (check one) R1 R3 C5 RH B

Is the project located in a Flood Hazard Zone No Yes Flood Elevation _____

Proposed Construction: New Construction Addition Alteration Change of Use

Proposed Use (if residential specify number of dwelling units) _____

Description of Work to be performed: _____

Size and Area of the Lot _____ ft. by _____ ft. = _____ SF

Set Backs: Front Yard _____ ft.; Side Yard _____ ft.; Rear Yard _____ ft.

Height of Building _____ ft.; Square Footage of Building / Addition _____ SF

Estimated project cost: \$ _____

Location of Building Lot: Sketch proposed location of the building in the space provided on the back of this form or provide on separate paper. Sketch should show location of proposed building, any existing buildings on the same lot, dimensions to centerlines of any streets, and distances to all property lines and building within 100 feet of proposed work. Please specify source of water and method of sewage disposal. Note location of wells and septic system on sketch.

Number of off-street parking spaces provided _____. If proposal is for non-residential use, a site plan of proposed spaces, parking areas, and screening may be required.

I hereby certify that I am the Applicant, Owner and that I am duly authorized to make and file this application; all statements contained in this application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in this application, and in the plans filed herewith. I agree to comply with the Town of Maryland Zoning Ordinance, and all other laws, ordinances, and regulations that may be applicable.

Signature Date

Provide sketch of proposed work in this area

DO NOT WRITE BELOW THIS LINE

Date received _____
Use permitted in District Yes No Required set-backs provided Yes No
Height requirements met Yes No Sufficient parking provided Yes No
Are Variances required No Yes (If yes, applicant to file form ZBA-1)
Is Special permit required No Yes (If yes, applicant to file form PB-8)
Fee \$ _____ Method of Payment Check _____ Cash Date Paid: _____

Permit issued: Date _____ Number _____ By: _____