



VILLAGE OF SKANEATELES
 26 Fennell St.
 Skaneateles, NY 13152
 315-685-2118

APPLICATION FOR BUILDING/ZONING PERMIT

| |
|------------------------|
| Fee: _____ |
| Check #: _____ |
| Date paid: _____ |
| Permit #: _____ |
| Date of Issue #: _____ |

Name of Applicant _____

Applicant Email _____

PROJECT ADDRESS _____

TAX MAP ID# _____

PROPERTY OWNER _____

PHONE # _____

EMAIL ADDRESS _____

SQUARE FOOTAGE OF NEW WORK _____

DESCRIPTION OF WORK TO BE DONE (include more detail as an attachment if necessary)

ACCURATE PROJECT COST _____

For Office Use Only

SQUARE FOOTAGE OF PARCEL _____

ZONING DISTRICT _____

Setbacks - Existing Structure

Setbacks – Proposed work

(Distances from structure to property or lot lines)

Front Yard _____ ft.
 Left Side Yard _____ ft.
 Right Side Yard _____ ft.
 Rear Yard _____ ft.

Front Yard _____ ft.
 Left Side Yard _____ ft.
 Right Side Yard _____ ft.
 Rear Yard _____ ft.

New connection for: (Yes/No) Sewer _____ Electric Service _____ Storm Sewer _____

CONTRACTOR / AGENT INFORMATION:

NAME _____
 PHONE # _____
 ADDRESS _____
 EMAIL _____

NAME _____
 PHONE # _____
 ADDRESS _____
 EMAIL _____

- CHECKLIST ITEMS:** PROPERTY SURVEY STAMPED ARCHITECTURAL PLANS ASBESTOS REPORT
 DRAINAGE + GRADING PLAN OTHER WORKMANS COMP AND LIABILITY INSURANCE JOB PROPOSAL

Detailed instructions available at Code Enforcement Office or www.villageofskaneateles.com

The Village requires that projects comply with the zoning law, and applicants and design professionals must prepare for their projects accordingly. Where practical difficulties or unnecessary hardships may result from enforcement of the strict letter of the code, applications for variances may be made to the Village Zoning Board of Appeals.

ACKNOWLEDGEMENTS:

- I AM THE OWNER APPLICANT AGENT OF OWNER AND AM AUTHORIZED TO MAKE THIS APPLICATION.
- I AUTHORIZE THE CODE ENFORCEMENT OFFICER TO ENTER THE PROPERTY TO MAKE INSPECTIONS AS PRESCRIBED UNDER LOCAL AND STATE LAWS.
- I WILL NOTIFY THE CODE ENFORCEMENT OFFICER IMMEDIATELY OF ANY CHANGES DURING THE COURSE OF THE WORK.
- I WILL NOTIFY THE CODE ENFORCEMENT OFFICER WHEN INSPECTIONS ARE DUE.
- FURTHERMORE, I AGREE THAT THE BUILDING OR PROJECT WILL NOT BE OCCUPIED OR USED UNTIL A CERTIFICATE OF COMPLIANCE/ CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED.
- The applicant and/or agent declares that the information contained in this application, and the plans, specifications and other supporting materials submitted in support of this application is true and has made such representations to induce the Village of Skaneateles to issue a Building/Zoning Permit and the applicant will comply with all laws, codes and ordinances controlling this work.

NAME of APPLICANT _____ PHONE # _____ EMAIL _____
 ADDRESS _____
 SIGNED _____
 DATE _____

Affidavit of Applicant or Agent

(To be completed if application is not made by the property owner)

STATE OF NEW YORK)

) SS:

COUNTY OF ONONDAGA)

On this__ day of __, 20____; _____ personally appeared before me.

NOTARY PUBLIC

For Code Enforcement Office Use Only

Date Received _____ Date Reviewed _____
 Application Status: Approved Denied

Reasons for denial – Does Not Comply With the Following:

Section 225-A5, Density Control Schedule for:

_____ Front Yard Setback _____ Side Yard Setback, left _____ Side Yard Setback, Right
 _____ Rear Yard Setback _____ Percentage of Open Area _____ Both Side Yards Combined
 _____ Percentage of Structure width/lot width

Other Density Control Schedule _____
 _____ Section 225-69D, Non-conforming Buildings, Structures and Uses, Extension or Expansion
 _____ Section 225-14(d), Swimming Pools, 25 ft. distance to lot lines
 _____ Section 225-14C (5) (a/b), Accessory Buildings, distance to lot lines or structures
 _____ Section 225-A1-3, Permitted Use Chart _____
 _____ Other Sections of the Zoning Law _____

And/or Needs:

_____ Certificate of Approval from the Historical Landmarks Preservation Commission, Section 225-25
 _____ Critical Impact Permit, per Section 225-52, form Board of Trustees
 _____ Special Use Permit from the Zoning Board of Appeals

SIGNATURE: _____

Staff and boards review, as applicable:

Planning Board Review _____ Zoning Board of Appeals Approval _____
 Critical Impact Permit Approval _____ Historical Commission Approval _____