## Town of LeRay ZONING PERMIT APPLICATION

## Change in Tenant \$10.00 Receipt Number: Applicant: Approval Date:\_\_\_\_\_ Mailing Address: Denial Date:\_\_\_\_\_ Zip:\_\_\_\_\_ State: Phone: Email:\_ Applicant's relationship to property: \_\_\_ Owner \_\_\_ Other Property Owner:\_\_\_\_\_ Mailing Address: City:\_\_\_\_\_ State:\_\_\_\_ Zip:\_\_\_\_ Email:\_\_\_\_\_ Fax:\_\_\_\_\_ **Property Location:** The property fronts \_\_\_\_\_\_ and consists of \_\_\_\_\_ acres. 1. Road Name 2. Property Address: State:\_\_\_\_\_Zip:\_\_\_\_ City:\_\_ Zoning District: Tax Parcel # 3. Explain what you are proposing to do: 4. It is proposed that the following additions/improvements to existing buildings will be constructed:\_\_\_ 5. It is proposed that the following buildings be constructed: 6.

OFFICE USE ONLY

Commercial Fee \$100.00

\$25.00

Application # Z-

Residential Fee

8. If you are proposing a driveway for your project, have you obtained a Driveway Permit?  ———————————————————————————————————	7. Additiona	al comments if any:		
LeRay and authorize the Zoning Enforcement Officer to go upon the property for the purpose of making site inspections. I will contact the Zoning Enforcement Officer twenty-four (24) hours in advance of pouring the foundation.  Signature of Owner:  Signature of Applicant: Complete Mailing Address:  Telephone Number:  This office has up to 30 days to review this application before issuing a permit.  OFFICE USE ONLY  Approval  Date:  Signed:  Zoning Enforcement Officer  Denial  Date:  Zoning Enforcement Officer	•		, , , ,	ou obtained a Driveway Permit?
Signature of Applicant:  Complete Mailing Address:  Telephone Number:  This office has up to 30 days to review this  application before issuing a permit.  OFFICE USE ONLY  Approval  Date: Signed: Zoning Enforcement Officer  Denial	LeRay and authorsite inspections.	orize the Zoning Enforce I will contact the Zon	ement Officer to go up	oon the property for the purpose of making
Telephone Number:  This office has up to 30 days to review this  application before issuing a permit.  OFFICE USE ONLY  Approval Date: Signed: Zoning Enforcement Officer  Denial Date: Zoning Enforcement Officer	Signature	of Owner:		
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Approval Date: Signed:   Denial Date: Zoning Enforcement Officer	Telephon	ne Number:		
<u>Denial</u> Date:		application	before issu	ing a permit.
	<u>Approval</u>	Date:	Signed:	Zoning Enforcement Officer
Reason for Denial:	<b>Denial</b>	Date:		
	Reason for Denia	al:		

## Town of LeRay

## Zoning Permit Application Drawing

Please use this page to plot the dimensions of the lot. Show the size and location of all proposed and/or existing structures and accessory structures on the property, including the distance from the building line to all lot lines, road Right-of-Way lines, streams, and any other features of the lot.

PLOT	
FRONT	
STREET	

Please submit completed application to the Town of LeRay Municipal Office Building Attn: Zoning Enforcement Officer 8650 LeRay Street Evans Mills, NY 13637 315-629-5224