

**TOWN OF CHAZY**  
**APPLICATION FOR BUILDING AND ZONING PERMIT**  
 Zoning & Building Code Officer: (518) 846-7544 Ext. 4 Fax. # (518) 846-8981

**For Code Inspector's Use:**

PERMIT NUMBER \_\_\_\_\_ DATE RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

APPLICATION NUMBER \_\_\_\_\_

APPROVALS NEEDED:

- \_\_\_\_\_ Town Planning Board
- \_\_\_\_\_ Town Zoning Board of Appeals
- \_\_\_\_\_ Clinton Co. Health Department
- \_\_\_\_\_ State Highway Department
- \_\_\_\_\_ County Highway Department
- \_\_\_\_\_ State Dept. Of Environmental Conservation
- \_\_\_\_\_ Town Highway Department
- \_\_\_\_\_ Water & Sewer (within the district)
- \_\_\_\_\_ Other \_\_\_\_\_

**Does this property belong to the public water and/or sewer district?**

- Yes
- No

**If yes, please see the water/sewer secretary before submitting application.**

1. Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Area Code

Email Address \_\_\_\_\_

2. Name, address, and phone number of Builder/Contractor: \_\_\_\_\_  
 \_\_\_\_\_

3. Name, address, and phone number of Property Owner, if different from applicant:  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Physical address of property, if different from mailing address: \_\_\_\_\_  
 \_\_\_\_\_

(A) Tax map identification number: \_\_\_\_\_  
 Attach copy of current tax map (See code office)

(B) Recorded Information from Deed Date recorded: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Book: \_\_\_\_\_  
 Page: \_\_\_\_\_

5. Zoning District, as shown on the Town of Chazy Zoning Map: \_\_\_\_\_

6. Application is made to:
- |   |                               |
|---|-------------------------------|
| _____ Construct a building                        | _____ Demolition              |
| _____ Enlarge a building                          | _____ Swimming pool           |
| _____ Place a mobile home on the property         | _____ Other (please describe) |
| _____ Place a deck or other accessory structure   | _____                         |
| _____ Establish a new use of land on the property | _____                         |
| _____ Place a sign                                | _____                         |
| _____ Wood Boilers, fuel burning devices          | _____                         |

7. Describe the proposal, including all proposed buildings and uses of land. Include structure size and details of project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Construction height (feet): \_\_\_\_\_

9. Number of family units (for residential structures) : \_\_\_\_\_

10. Distance from buildings to lot boundaries (front yard is measured to highway right-of-way):

Front yard: \_\_\_\_\_

Side yard: \_\_\_\_\_

Side yard: \_\_\_\_\_

Rear yard: \_\_\_\_\_

11. Estimated cost of construction: \_\_\_\_\_

12. Construction or use start up date: \_\_\_\_/\_\_\_\_/\_\_\_\_

13. Current use of site: \_\_\_\_\_

14. Sewage system must be approved by the Clinton County Department of Health. **Attach appropriate documentation.**

15. **Attach one (1) copy of a layout or plot plan drawn to scale showing the actual dimension of the lot, and exact location of all proposed buildings, structures, and driveways, or if Conditional Use Approval by the Planning Board is needed, attach seven (7) copies of a site plan showing all features required by Section 820 of the Town of Chazy Zoning Law.**

16. Certificate of Occupancy or Certificate of Conformance, if applicable, is required after completion of projects prior to occupancy or use. *If applicable*, Electrical Inspection Certificate is required prior to issuance of Certificate of Occupancy.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
*Signature of Applicant*



\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
*Zoning/Building Code Enforcement Officer*

Expiration date of permit: \_\_\_\_/\_\_\_\_/\_\_\_\_