

Application # \_\_\_\_\_

### Town of Lyme

P.O Box 66, Chaumont, NY 13622

Phone: (315) 649-2049

### Application for a Zoning Permit

Tax Parcel Number \_\_\_\_\_ Owners Name \_\_\_\_\_

Owners Mailing Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_

Project Site 911 Address \_\_\_\_\_

Describe Construction or Activity \_\_\_\_\_

List Other Buildings on the Same Parcel \_\_\_\_\_

Dimensions of Parcel in Feet: Front \_\_\_\_\_ Side \_\_\_\_\_ Rear \_\_\_\_\_

New Structure Dimensions: Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_

Have you included a Plot Plan of the project that shows all the structures proposed and existing on the parcel with all dimensions of the structures, their distances to lot lines and parcel boundary dimensions including all roads and right of ways included in the property deed? Has the location of the proposed structure been properly "staked out" on the lot? Yes \_\_\_\_ No \_\_\_\_

**If this permit is granted, I agree to comply with the Zoning Laws of the Town of Lyme. I further agree to abide by all Environmental and Health regulations applicable to this project and allow the Zoning Officer to access this property at reasonable times for inspection purposes.**

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**

For Office Use Only

\_\_\_\_\_

**Approved** \_\_\_\_\_

**Denied** \_\_\_\_\_

**Referred to Zoning Board of Appeals (ZBA)** \_\_\_\_\_

**Reason for Denial**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Zoning Officer Signature**

\_\_\_\_\_

**Date**