

# TOWN OF CARROLLTON CODE ENFORCEMENT

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Code Enforcement Officer:  
JOHN HELGAGER

## APPLICATION FOR ZONING PERMIT

<b>FOR OFFICIAL USE ONLY</b>
No. _____
<b>Application Received By</b>
Application Fee _____
Date Paid _____
<b>Action of Zoning Officer</b>
Approved _____ Denied _____
Date _____
<b>Zoning Officer's Reason For Denial</b>
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
Signature of Zoning Officer
Date _____

Property Owner's Name \_\_\_\_\_

Property Owner's Address \_\_\_\_\_

Address for Permit (if different from above) \_\_\_\_\_

Building zone in which property is located \_\_\_\_\_

Intended Use/Occupancy \_\_\_\_\_

What is to be constructed? \_\_\_\_\_

Property Dimensions \_\_\_\_\_

Building Dimensions \_\_\_\_\_

Front Yard Setback \_\_\_\_\_

Side Yard (1) \_\_\_\_\_ Side Yard (2) \_\_\_\_\_

Distance to Rear Lot Line \_\_\_\_\_

Height of Building \_\_\_\_\_

Stories \_\_\_\_\_ Parking Spaces \_\_\_\_\_

**A PLOT PLAN MUST be prepared and attached hereto. Show street name(s), indicating whether interior or corner lot. It must locate clearly and distinctly all building whether existing or proposed, and indicate all set-back dimensions from property lines. Include property description according to Town Tax Roll and Map.**

**Applicant agrees to comply with provisions of the Zoning Law of the Town of Carrollton and of the New York State Uniform Fire Prevention and Building Codes.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_