

Town of Warrensburg Application for Residential Land Use & Development Permit

1. Contact Information:

Same as Applicant

Same as Applicant

	Applicant	Owner	Contractor
Name			
Company			
Address			
City/State/Zip			
Telephone			
Email			

2. Zoning District (s): _____

3. Estimated Project Cost: \$ _____

4. Description of Project: _____

5. Dimensions:

Type	Dimensions (ft)			Setbacks ¹ (ft)			
	Length	Width	Height	Front	Rear	Right ²	Left ²
Principal Building							
Garage							
Pool							
Shed							
Accessory Structure: _____							
Fence/Wall							
Porch							
Deck							
Addition/Alteration							
Demolition							

¹Setback is the distance measured from the property line to the closest edge of any structure

²Left/Right Side Setbacks are determined as viewed from the roadway

By signing below, the applicant agrees that the statements and plans submitted are true. Further, the applicant understands that permits and approvals may be required from other jurisdictions (see below).

Applicant Signature _____, **Date** ____/____/____

Applicant Print Name _____

-----Office Use-----

Important! The Town of Warrensburg is not responsible if the applicant fails to obtain permit, etc from any other governmental entity. **Based on this application you are encouraged to contact the following:**

- Adirondack Park Agency Warren County Building Codes NYS DOL Asbestos Control Bureau
- Warrensburg Water/Sewer District Warrensburg Highway Department NYS DOT NYS DEC NYS DOH
- Warren County DPW Dig Safely NY

Current Use (per Use Table): _____

Proposed Use (per Use Table): _____

Zoning Administrator Comments: _____

Signature of Zoning Administrator: _____

Tax Map ID#: _____

Application #: LUD 20__ - _____

Location: _____

Date Submitted: ____/____/____