

# 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 <sup>1</sup> (ft)			
	Length	Width	Height	Front	Rear	Right <sup>2</sup>	Left <sup>2</sup>
Principal Building							
Garage							
Pool							
Shed							
Accessory Structure:							
Fence/Wall							
Porch							
Deck							
Addition/Alteration							
Demolition							

<sup>1</sup>Setback is the distance measured from the property line to the closest edge of any structure

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

By signing below, the applicant agrees that the statements and plans submitted are true, and understands that permits and approvals may be required from other jurisdictions (see below). Further, the applicant authorizes the Town of Warrensburg, its employees and authorized agents access to the property for purpose of inspection.

**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     NYSDOL Asbestos Control Bureau
- Warrensburg Water/Sewer District     Warrensburg Highway Department     NYSDOT     NYSDEC     NYSDOH
- Warren County DPW     Dig Safely NY

**Zoning Administrator Comments:** \_\_\_\_\_

**Signature of Zoning Administrator:** \_\_\_\_\_

**Tax Map ID#:** \_\_\_\_\_

**Application #:** LUD 20 \_\_\_\_ - \_\_\_\_\_

**Location:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_/\_\_\_\_/\_\_\_\_

# Town of Warrensburg

## Application for Commercial 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 <sup>1</sup> (ft)			
	Length	Width	Height	Front	Rear	Right <sup>2</sup>	Left <sup>2</sup>
Principal Building							
Accessory Structure							
Fence/Wall							
Porch							
Deck							
Addition/Alteration							
Demolition							
Sign #1							
	<b>Type</b> <input type="checkbox"/> Wall <input type="checkbox"/> Free-Standing <input type="checkbox"/> Projecting <input type="checkbox"/> Other: _____		<b>Material</b> <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<b>Lighting</b> <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> None			
Sign #2							
	<b>Type</b> <input type="checkbox"/> Wall <input type="checkbox"/> Free-Standing <input type="checkbox"/> Projecting <input type="checkbox"/> Other: _____		<b>Material</b> <input type="checkbox"/> Plastic <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Other: _____	<b>Lighting</b> <input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> None			

<sup>1</sup>Setback is the distance measured from the property line to the closest edge of any structure <sup>2</sup>Left/Right Side Setbacks are determined as viewed from the roadway

By signing below, the applicant agrees that the statements and plans submitted are true, and understands that permits and approvals may be required from other jurisdictions (see below). Further, the applicant authorizes the Town of Warrensburg, its employees and authorized agents access to the property for purpose of inspection.

Applicant Signature \_\_\_\_\_, Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Print Name \_\_\_\_\_

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

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- Warren County DPW  Dig Safely NY

Zoning Administrator Comments: \_\_\_\_\_

Signature of Zoning Administrator: \_\_\_\_\_

Tax Map ID#: \_\_\_\_\_

Application #: LUD 20\_\_ - \_\_\_\_\_

Location: \_\_\_\_\_

Date Submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_