TOWN OF CAPE VINCENT Jefferson County, New York 13618

Zoning Enforcement Officer

315-654-3795 Ext. #7 315-767-4482 CAPE

www.TownofCapevincent.org

Fax 315-654-3366

Zoning Permit Application

Name of Applicant:	Telephone: ()
Agent/Contractor:	Cell #: ()
Mailing Address:	
City State Zip Code	
Location be street or 911#	
Tax Map # Zoning District ()I	.F () LR () RF () AR () C () RP () ??
Flood Plain: ()Yes or ()No	
Nature of work: () New Building () Addition ()	Installation () Demolition
Dimensions of entire structure:	
Front Rear Depth	Maximum Height
Foundation Type: () Concrete () Masonry ()Ste	
Structure Type: ()Wood ()Stone ()Masonry ()Concrete ()Other	
Structure Use: ()Residential ()Commercial ()Retail	
Further description of project:	
Lot Size: Front Rear Dept	h Area (sq. ft.)
Requirements: A sketch must accompany this application showing the pla drawing shall show distance between the structure and all line and any other outstanding natural or man-made feature shall be noted. Such drawing shall be prepared for a change the applicant shall lay stakes on the lot enabling the zoning	icement of the proposed structure on the lot. The lot lines, other structures on the lot, road right-of-way es on or adjacent to the lot. The dimensions of the lines ge of use in an existing structure as well. In a officer to determine building location and lot lines.
I, the owner or agent of the proposed use for which this pe the above information is true and accurate, and that it conf	rmit application is being made, do hereby affirm that
Landowner of Agent Signature	Date
Approved:	Appeals # Date: