

PERMIT NUMBER _____

TOWN OF BRASHER

PERMIT FEE _____

APPLICATION FOR BUILDING AND ZONING PERMIT

THE UNDERSIGNED HEREBY MAKES APPLICATION FOR A BUILDING AND ZONING PERMIT FOR THE PURPOSES AT THE SITE DESCRIBED HEREIN, AND AGREES THAT SUCH PURPOSES SHALL BE UNDERTAKEN IN ACCORDANCE WITH ALL THE APPLIED LAWS, ORDINANCES AND REQUIREMENTS OF THE TOWN OF BRASHER, COUNTY OF ST. LAWRENCE AND THE STATE OF NEW YORK.

THIS FORM MUST BE FILLED OUT COMPLETELY BEFORE APPLICATION IS PROCESSED

TAX MAP IDENTIFICATION #: _____ PROPERTY OWNERS NAME: _____

APPLICANTS NAME (PRINT)	SIGNATURE	DATE
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CURRENT MAILING ADDRESS- (PO BOX # & 911 #)	EMAIL
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TOWN OR CITY	TELEPHONE #
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DESCRIPTION OF PURPOSES (CIRCLE ONE)

TO: USE, ERECT, REPAIR, ALTER, EXTEND, REMOVE, DEMOLISH, OCCUPY, MAINTAIN THE LEGAL NONCONFORMING USE STRUCTURE OR LAND LOCATED AT (Physical Location): _____

AT A COST OF: _____ FOR THE FOLLOWING PURPOSE(S): _____

GENERAL INFORMATION

GENERAL DATA

Style of Home: _____
Ext. Wall Construction: _____
Heat Type: _____
Fuel Type: _____
Number of Bedrooms: _____
Number of Bathrooms: _____
Foundation Type: _____
Finished Basement Yes No
Sq. Ft. of Living Area: _____

District Classification: _____
Use: _____
No. of Dwellings: _____
No. of Employees: _____
Parking Spaces: _____
Type of Construction: _____
Height of Construction: _____
Width of Construction: _____
Depth of Construction: _____
No. of Stories: _____

APPLICANT MUST PROVIDE DETAILED SKETCH ON SECOND PAGE OF APPLICATION

PLEASE RETURN YOUR APPLICATION TO

Wes Lincoln

Code Enforcement Officer

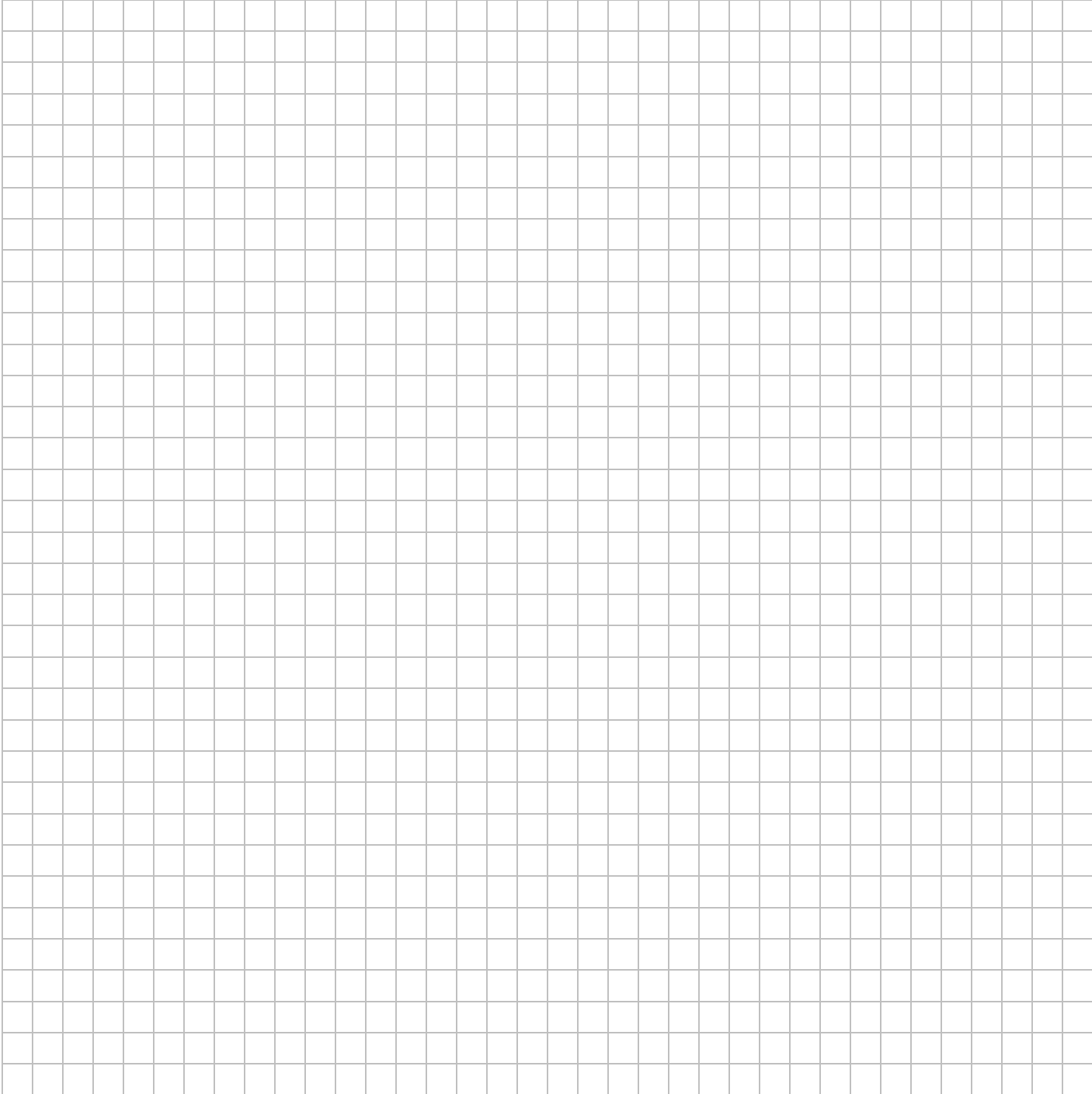
PO BOX 358 | Brasher Falls, NY 13613

P: (315) 389-4223 Ext 4 | C: (315) 296-8901 | E: codeofficer@townofbrasher.com

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APPLICATION FOR BUILDING AND ZONING PERMIT

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USE THE BOTTOM OF THE GRAPH AS ROADFRONT
PLEASE INDICATE BOUNDARY LINES, SETBACKS, AND DIMENSIONS

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