



Building & Zoning Permit

Town Of Schoharie, New York, 12157

300 Main St. • PO Box 544 • Schoharie • 518-295-6572 • Fax 518-295-7599
 www.schohariecounty-ny.gov (on Home Page go to Town of Schoharie)

Office Hours: Tues & Thurs 9-11 am • Wed 12-2 pm **Field Hours:** Mon - Fri 8-4pm

1. Application is hereby made to: () use, () erect, () extend, () alter, () repair, () remove, () relocate, () demolish
 () other _____

2. A structure or land at: (use 911 # only) _____

3. Tax ID#: _____ Zoning District: _____ Date: _____

For the purpose of: () residence, () commercial business, () industrial, () other _____

Description of the use of this property: _____

of Bedrms: _____ # of Kitchens _____ # of Bathrms _____ Heat Type _____ Fuel _____ Base ___ Full ___ Crawl ___ Slab ___ Other ___

<input type="checkbox"/> Highway Approval _____ <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Town _____ <input type="checkbox"/> Planning Board Approval _____ <input type="checkbox"/> ZBA Approval _____	<input type="checkbox"/> Wetlands # _____ <input type="checkbox"/> Flood Plain # _____ <input type="checkbox"/> S.C. Health # _____ <input type="checkbox"/> DEC Well # _____	<input type="checkbox"/> Ag. District # _____ <input type="checkbox"/> Site Plan _____ <input type="checkbox"/> Subdivision _____ <input type="checkbox"/> Other _____
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	Name & Address of Owner	Contractor & Address	Designer & Address
Please Print All Thank You			
		Phone/Fax	
	Phone/Fax	<input type="checkbox"/> Workers Comp <input type="checkbox"/> Liability/Disability	

THE MAIN STRUCTURE WILL BE AS FOLLOWS: Lot Size

Front Yard Set Back (from center of road) _____ FT

Left Side SB _____ Right Side SB _____ Rear SB _____

Max Height _____ Construction Type _____

1st Fl SF _____ 2nd Fl SF _____ Base SF _____ Total SF _____

FEE TO BE COLLECTED BY TOWN CLERK

Value of Construction \$ _____

Building Fee \$ _____

Zoning Fee \$ _____

Other \$ _____

Total \$ _____

Receipt from Town Clerk _____

Includes: Site work, foundation, structures, water and septic systems.

THE ACCESSORY STRUCTURE (Garage, Pool, Storage Shed, etc.)

Front Set Back _____ L/Side _____ R/Side _____ Rear _____

Height ' _____ 1st Fl _____ 2nd Fl _____ Total _____

STATE OF NEW YORK — COUNTY OF SCHOHARIE — TOWN OF SCHOHARIE

Applicant certifies that he / she is the owner (or his/her authorized agent) and has read and understands the Town of Schoharie Land Use Law and that the above information is accurate and complete.

Applicant Signature _____ Date _____

Code Enforcement Officer _____ Date _____

Application for a () Zoning Permit () Building Permit Denied because the application is not in conformance with the following provisions of the () Town Land Use Law or () NY Building Code or () other _____

() Approved () Approved

() Denied () Denied

CEO Signature _____ Date _____