## \*\*\*\* FAILURE TO FOLLOW THIS CHECK LIST AND SUPPLY ALL THE ITEMS REQUESTED MAY DELAY YOUR APPROVAL \*\*\*\*

APPLICA	TION FOR A ZONING PERMIT
*	_Tax Map Number
	_Road Name
	_Post Office
	_Applicants Name
	_Phone number
	_Located on north, east, south or west side of street
	_Size of lot (frontage, depth, Square feet)
	_Other building on lot
	_Proposed to erect, etc.
	_Proposed size of building (including height from grade)
	_Total square footage of usable floor space
	_Proposed cost
	_Estimated date construction to begin
*	_Flood Hazard Area - yes or no
	_Owner or Agent (SIGNATURE)
	_Present Address
	_Date
*	_Application fee as determined by square footage and type of
structu	re. We need the sq. ft. of living space, decks, porches, garages
storage	buildings. You may call us with that information. (Checks
payable	to the Town of Clayton)
	_Plot Plan (as per attached sample)
permit Officer submit	all requirements are met the Zoning Officer will issue you a zoning (orange permit must be posted visible from the road). The Zoning will then give you building permit applications, which you must to the Town & Village of Clayton's Building Code Officer for a general.
	the Zoning Permit Application to: Zoning Officer, 405 Riverside Clayton, NY 13624. Tele (315) 686-3512 Ext. 28 or Ext. 29.

Office Hours: 7:00 AM to 12:00 Noon & 1:00 PM to 4:00 PM, Monday thru

Friday

<sup>\*</sup> Zoning Officer can determine