



VILLAGE of RICHFIELD SPRINGS

PO Box 271 Richfield Springs, NY 13439
315-858-1710 Fax: 315-858-9202

LOCAL ZONING APPLICATION

Application Year/No: 20____ - ____
For Office Use

Tax Map No: _____

The undersigned requests a Zoning Permit for the following use to be issued on the basis of the representations herein. Permit will be voided if any misrepresentations. Submit the completed application, drawings and attachments to the Village Office for review by the Zoning Enforcement Officer (ZEO). The activity covered by this application may not be commenced before the issuance of a zoning permit or building permit. **Otsego County will issue building permits provided this approved application is on file with the Village Clerk.**

Landowner: _____ Property Address: _____

Phone: _____ Mailing Address: _____

Email: _____

Applicant _____ (If different than landowner: lessee, agent, etc.)

Phone: _____ Mailing Address: _____

Email: _____

What is the current use or status of the land? _____

What buildings or structures are currently on the land? _____

What is the **proposed** use of the land? (Specify if residential, commercial, industrial) _____

Nature of construction work: New Addition Other Estimated Cost: _____

Describe the Work to be done : _____

Describe what the building/structure will be used for: _____

Building/Structure Size (measure in feet): Length _____ Width _____ Height _____ Stories _____

Builder/Manufacturer Name & Phone number: _____

Measure all of the following (in feet) from the proposed building/structure to:

Centerline of Street _____ Rear Lot Line _____ Side Lot Line _____ Side Lot Line _____

Does this project require a new water or sewer tap to the main transmission lines? Yes No

Attach a general plot plan/sketch showing the location of the property and buildings or work areas. The sketch shall show the distances to all property lines from the proposed structure or addition, any buildings currently on the lot, natural features of the property (i.e. creeks, streams), and proposed driveways, parking and loading areas, if applicable.

Applicant Printed Name: _____ **Signature** _____ **Date:** _____

Property Owner Name: _____ **Signature** _____ **Date:** _____

The ZEO will notify you within 15 days of receipt of completed application with attachments. A copy of this application with determination can be picked up at the Village Office.

Tax Map/Parcel Number: Section _____ Block _____ Lot _____

*All applications to be filed under the Tax Map/Parcel Number

OTSEGO COUNTY FLOOD REVIEW ----- APPROVED NOT APPROVED

OTSEGO COUNTY FLOOD REVIEW SIGNATURE _____

RICHFIELD SPRINGS ZONING ----- APPROVED NOT APPROVED

Comments: _____

Joseph Roberts, Zoning Enforcement Officer

Date: _____

*** Permit expires 1 year from approved date***

Approved applicants MUST contact Otsego County Code Enforcement Office at 607-547-4214 to obtain any required permits prior to starting work

