

TOWN OF PEACHAM

FOR ADMINISTRATIVE USE ONLY	
Application No. _____	
Date received by Administrative Officer _____ Date posted _____	
Zoning District _____ Soil survey type _____	
Approved _____ Denied _____ Required review by Zoning Board of Adjustment _____	
Reasons for Decision _____	
_____ Date _____	
Date of Inspection _____ Signed _____ Date _____	
AN INTERESTED PERSON MAY APPEAL ANY DECISION OF THE ADMINISTRATIVE OFFICER TO THE ZONING BOARD OF ADJUSTMENT WITHIN 15 DAYS OF SUCH DECISION. AFTER 15 DAYS OF DATE OF POSTING, THIS APPLICATION, IF APPROVED, WILL SERVE AS THE ZONING PERMIT.	
This copy to: Applicant _____ Town Listers _____ Town Clerk _____ Administrator _____	
Planning Commission: Recommended ___ Rec. with Conditions ___ Not Recommended _____	
Date _____ Signature _____ Chairman, P.C.	
Zoning Board of Adjustment: Approved ___ Approved with Conditions ___ Not Approved _____	
Date _____ Signature _____ Chairman, ZBA	

APPLICATION FOR ZONING PERMIT

Please print or type clearly. Answer every question; use NA where not applicable. An incomplete application may have to be returned to you. Submit four copies with \$30 application fee and \$7 recording fee payable to the Town of Peacham.

I am applying for: Building Permit ___ Subdivision Permit ___ Other(Please be specific.) _____

I. THE APPLICANT AND LANDOWNER

Landowner:	Applicant (owner, lessee or agent):
Address:	Address:
Phone:	Phone:

II. THE LAND

1. 911 Address _____
 Tax Map Number: Map _____ Block _____ Lot _____ (Available in the Town Clerk's Office.)

2. Zoning district or districts in which the land is located. V-1___ RR1___ RR2___
 SL1___ SL2___ * AO___ WH___ *See insert regarding criteria.

3. Lot Size (square feet or acres) _____sq. ft. _____acres

4. Frontage on public road, lake, or width of right-of-way: _____ft.

III. THE WORK YOU WISH TO DO (If space provided is insufficient, attach additional sheets.)

1. What is the type of work you wish to do?
 a. New construction (Describe what you are building—new house, garage, etc.)

_____ Building length___ width___ height___

- b. Addition (Please give description.) _____

_____ Building length___ width___ height___

- c. Structural alteration (Extension of a room, etc.) _____

_____ Building length___ width___ height___

- d. *Subdivision of land (Give details—including size of each parcel created and remaining parcel.) _____

_____ *See insert regarding criteria.

- e. Other (Please be specific.) _____

2. Existing use and occupancy. (If there are no buildings currently on the property, please say “bare land.”) _____

3. Proposed use and occupancy. _____

4. Setbacks. Please give the number of feet that your proposed building or project will be from the following: Center of road right-of-way___ Shoreline___
 Side___ Side___ Rear___

5. Type of water system. Village___ Spring___ Drilled well___ Other___

6. Type of sewer system. (Septic, dry well, holding tank, etc.) _____

7. Curb cuts. Do you intend to make a curb cut? _____

IV. ADJOINING LANDOWNERS (Required for a Conditional Use Permit.)

Name	Mailing Address

V. PLANS

1. Draw here or attach a general plot plan showing the following:
 - a. Location of buildings on property. (Give distances to side lines, road center lines, etc.)
 - b. Location of adjoining landowners.
 - c. Location of driveway.
 - d. Location of water source and sewage system.
 - e. Distance of any surface water or wetland from the proposed project.

2. Draw here or attach a floor plan or diagram showing the dimensions of the proposed building, addition, or alteration.

VI. SIGNATURE

This permit is void in the event of misrepresentation or failure to undertake construction within one year of the date of approval. **CONSTRUCTION MAY NOT BE STARTED UNTIL 15 DAYS FROM THE DATE OF APPROVAL OF THIS PERMIT. Call the Zoning Administrator before you begin to build.**

Signature of Applicant: _____ Date _____