



Town of Champion
Application for Zoning Permit

03/98

Applicant:
 Name _____
 Address _____

 Telephone # _____

Mail Completed form with a check made payable to the Town of Champion for \$10 to:
 Town of Champion
 Zoning Enforcement Officer
 10 North Broad St
 Carthage NY 13619

Description of Purpose: (i.e. Build a house with a driveway and well) I am applying for a permit to: _____

Location: (i.e. 30532 County Rte 47) please include tax map number if known
 At: _____

Please check the proposed use of the property:

- one or two family residence multi family residence agricultural commercial
- singlewide manufactured housing community or religious services
- other _____

Information on any proposed buildings: (any additional structures may be put on a separate piece of paper)

| | Structure 1 | Structure 2 | Structure 3 | Structure 4 |
|---|-------------|-------------|-------------|-------------|
| Brief Description (i.e. house, garage) | _____ | _____ | _____ | _____ |
| Length | _____ | _____ | _____ | _____ |
| Width | _____ | _____ | _____ | _____ |
| Height | _____ | _____ | _____ | _____ |
| Setbacks | | | | |
| From right of way | _____ | _____ | _____ | _____ |
| From back lot line | _____ | _____ | _____ | _____ |
| Right side lot line | _____ | _____ | _____ | _____ |
| Left side lot line | _____ | _____ | _____ | _____ |

I the undersigned am the owner (or have authority from the owner to apply for this permit) of the above described property and has to the best of my knowledge truthfully completed this form. Applicants signature _____ Date _____

For more information feel free to call me at (315) 493-2689