PERMIT APPLICATION

All persons desiring to undertake any new construction, structural alteration, or changes in the use of a building or lot must apply for a zoning permit by submitting three copies of this form and three complete sets of all required drawings to the Building Inspector.

Four complete sets of all required drawings must be submitted with applications for special uses. (See Note and List below.)

APPLICANT:	Date:			
Name and Address:	Phone#:			
Check type of permit desired: 🗌 Permit for Construction 🗌 Permit for Use				
Certificate of Occupancy Certificate of Non-Conform	ming Use 🗌 Other (Specify)			
Briefly describe the type of work to be performed under this	s permit:			
LOCATION OF PROPERTY:				
(Number and Stree				
Zoning District: Ta	ax Map #:			
Check here if property is located in a floodplain	or wetland and specify which:			
PROPOSED USE:				
	ercial (type)			
	(describe)			
Accessory building (describe)				
Check here if the proposed use is a special use (see list)	pelow).			
Special uses under the Zoning Ordinance of the Cit	y of Auburn:			
ConversionsFuneral homes				
Funeral homesNursing and convalescent homes				
 Rooming houses 				
• Day care nurseries				
Nonprofit social halls, clubs and lounges				
Residential planned development groups				
• Keeping and raising animals except dogs and c	ats			
Restricted heavy industrial usesCommercial and industrial planned developme	nt ground			
 Appropriate public uses (see Use Class 16 under 				
	si the Zonning Oranianee)			
NOTE: Permit applications for "Special Uses" (Use Class 1 the City of Auburn) will be referred to the City Pla Appeals for approval.				
Permit application for all on-residential uses will be and the City Engineering Department for approval.				

Main building Accessory building Width: ft. Length: ft. Length: ft. Height: ft. Floor area: sq. ft. Setbacks: Main building Accessory building Front: ft. Front: ft. Setbacks: Main building Accessory building Front: ft. Rear: ft. Setbacks: Main building Accessory building Front: ft. Setbacks: Main building Accessory building Front: ft. Setbacks: Main building Accessory building Front: ft. Total number of hard surface off-street parking spaces:	Lot Dimensions:					
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Total number of hard surface off-street parking spaces: Total estimated construction cost: \$				Rear:	<u>ft.</u>	
Total estimated construction cost: \$	Side:	ft.		Side:	ft.	
Total estimated construction cost: \$	Total number of hard surface	off-street parking	snaces.			
Permit fee: \$			—			
Existing Use: Residential (# of families) Commercial (type) Industrial (type) Other (describe) Accessory building (describe) Accessory building (describe) Area of existing structure: sq. ft. Number of hard surface off-street parking spaces: FOR "NONCONFORMING" USES OR BUILDINGS If uses or building are "nonconforming", this application is for: %. Restoration (state enlargement as a percentage of existing floor area and/or lot area): %. Restoration (state percentage of floor area to be restores and the date on which damage was sustained: %. Mate:						
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Number of hard surface off-street parking spaces:	Accessory building (descri	ibe)				
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Change of use from to		%	Date:			
and type of use made:	Change of use from					
	If discontinued or vacant, state	e last day used:				
Does new construction involve the subdivision of property? \Box Ves \Box No	and type of use made:					
boes new construction involve the subdivision of property:	Does new construction involv	e the subdivision	of property?	es 🗌 No		
If yes, has it been approved by the City Planning Board?	If yes, has it been approved by	y the City Plannin	g Board?	es 🗌 No		

Plumbing Contractor:			
C C	Name		
	Address		
		Phone#:	
Electrical Contractor:			
	Name		
	Address		
		Phone#:	

Floor plans and a site map prepared by a New York State licensed surveyor showing property boundaries and the layout of buildings, parking and adjacent streets are required for your application to be complete.

Drawings accompanying applications for new residential and non-residential structures, accessory building whith floor areas greater than 250 sq.ft. or costing more than \$10,000.00, and conversions to more than two apartment units must be drawn to scale and signed by a licensed architect. The architect must also certify that the design and specifications are in accordance with the New York State Uniform Fire Prevention and Building Safety Code, the New York State Education Law and all other applicable regulations.

NOTE: All construction and demolition debris is the responsibility of the property owner or contractor and is not to be set out for City refuse collection.

STATE OF NEW YORK) COUNTY OF CAYUGA) SS:

Deponent being duly sworn, says that he is the owner or authorized agent for which the foregoing work is proposed to be done, and that he is duly authorized to perform such work, and that all workmen employed on this building are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances.

Signed:			Signed:			
-	Property Owner		-		Property Owner	
Print Name:			Print Name:			
	Property Owner				Property Owner	
Sworn to before me this	s	day of		, 20	·	

Notary Public / Commissioner of Deeds

I/We hereby consent to allow members of the Zoning Board of Appeals, upon reasonable notice to me/us, the right of access to my/our property for the purpose of viewing and inspecting the proposed variance/special use permit which is a subject matter of the proceeding herein before the Zoning Board of Appeals.

COMMENTS OF BUILDING INSPECTOR

TC	D: City Planning Board						
	City Zoning Board of Appeals						
	City Engineer						
1.	Lot Area:						
2.	Building Area:						
3.							
4.	4. Meets building and fire code requirements: 🗌 Yes 🗌 No						
	Approved Disapproved						
Re	asons:						
Sig	gnature of Building Inspector:	Date:					
Pri	nted name:						

INSURANCE REQUIREMENTS

• WORKER'S COMPENSATION:

U-26.3 (State Insurance Fund) C-105.2 (Private Carrier) SI-12 (Self-Insured) GSI-105.2 (Group Self-Insured)

• DISABILITY INSURANCE:

DB-120.1 (Private Carrier)

DB-155 (Self-Insured)

• STATEMENT for a Government Entity that a business does not require Worker's Compensation and/or Disability Benefits Coverage:

CE-200