

Please draw a plan below showing all existing structures and the location of the proposed Hot Tub and how far from the property lines they are located

OR submit a copy of your survey map showing the requested information.

Name of Highway _____

Boundary Line

Boundary Line Name of Highway _____

General Contractor: _____

Address: _____

Telephone Numbers / E-mail : _____

NY STATE WORKERS COMPENSATION INSURANCE CERTIFICATE IS REQUIRED

Worker's Compensation

Expiration Date: _____

Disability

Expiration Date: _____

The undersigned represents and agrees as a condition to the issuance of these permits that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE

Owner's Signature: _____

Date: _____

For Office Use Only

Limited Development Overlay Permit Required? Yes No

Application requires review by Planning Board and/or Zoning Board of Appeals. Yes No

Zoning Officer

Date

Floodplain Development Permit Required? Yes No

Code Enforcement Officer

Date

Permit Issued	Permit Number	Fee
Site Development		
Building		
Total Permit Fee	(non-refundable)	