

TOWN OF THERESA

Building & Zoning Officer
215 Riverside Avenue
Theresa, New York 13691
(315)628-5046 Office

ZONING PERMIT APPLICATION

The undersigned hereby makes application to the Town of Theresa for a "Zoning Permit" for the purposes listed below. Applicant agrees that such purposes shall be undertaken in accordance with all applicable laws, rules, ordinances and requirements of the Town of Theresa, County of Jefferson and the State of New York.

DATE: _____

NAME: _____

ADDRESS: _____

PHONE # _____

DESCRIPTION OF PLANNED WORK OR PROJECT: *(**CIRCLE ONE**)

To: USE ERECT ALTER EXTEND MOVE DEMOLISH

LOCATED AT: _____

All permits are the Home Owners Liability: _____

Must be signed by Home Owner

**Please enclose the required fee of \$25.00
check made payable to *Theresa Town Clerk***

THIS IS NOT A BUILDING PERMIT

(Office use only)

ZONING PERMIT # _____

Approved _____ Denied _____ Reason for Denial _____

Forwarded to: Planning Board or Zoning Board VARIANCE: Approved or Denied

DATE: _____

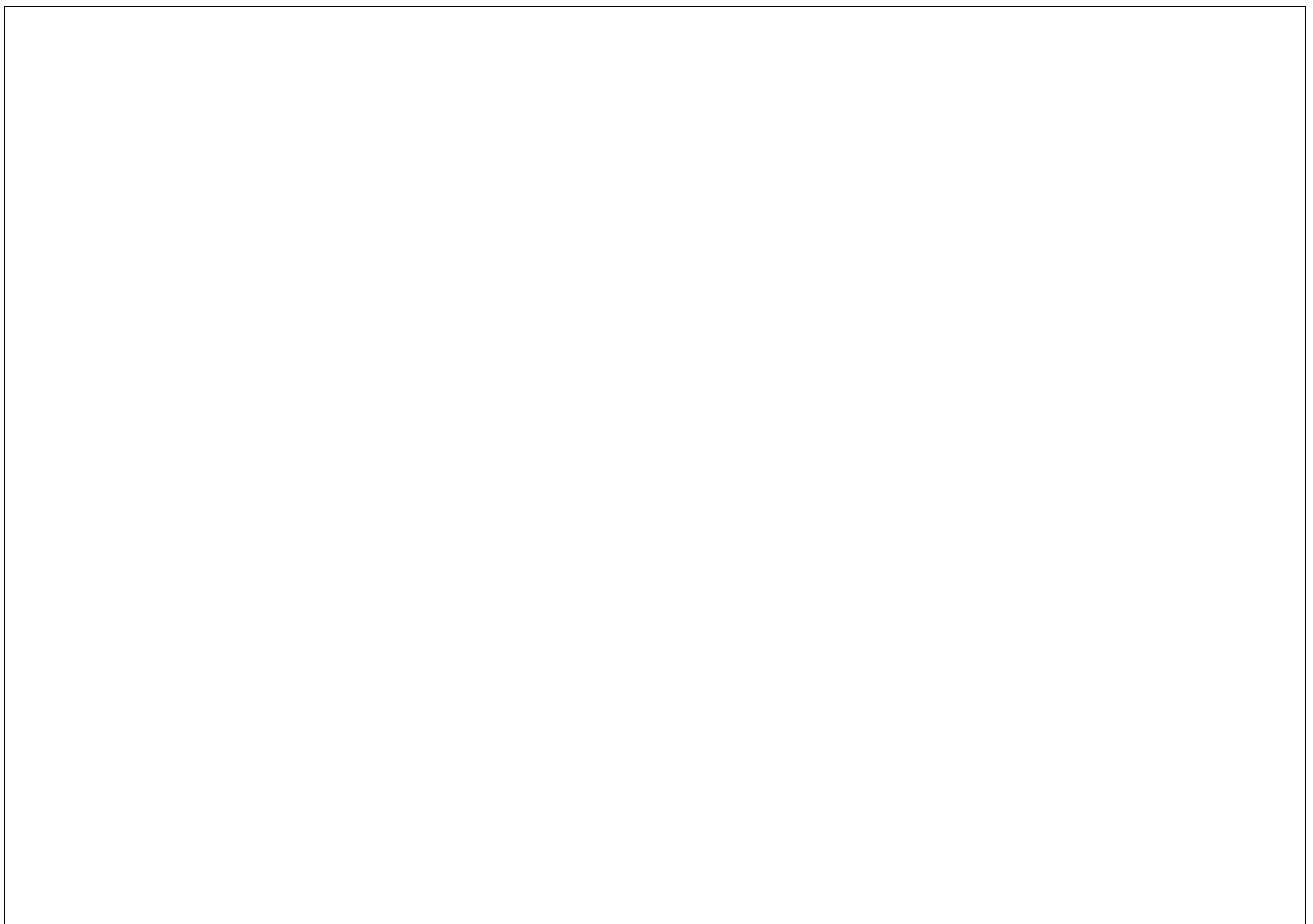
Thomas Johnston, Building & Zoning Officer

Type of Structure: _____
Height in Stories: _____ Width: _____ Length: _____
Lot Depth: _____ Lot Front: _____
Lot Rear: _____

Locate clearly and distinctly all buildings, whether existing or proposed. Indicate all set back dimensions from property lines. Show septic tank, leach field and well.

SITE PLAN
SHOW LOCATION OF ROAD

REAR



ROAD CENTER LINE OR LAKE FRONT