



**TOWN AND VILLAGE OF ELLICOTTVILLE  
BUILDING / CODE ENFORCEMENT  
DIVISION**



17 MILL ST. ELLICOTTVILLE, NY 14731

PHONE: (716) 699-4773

E-MAIL: [kelly.fredrickson@evlengineering.com](mailto:kelly.fredrickson@evlengineering.com)

**COMBINED APPLICATION**

Check all that apply:

TOWN

VILLAGE

App. #

ZONING PERMIT

SPECIAL USE PERMIT

INTENT TO SUBDIVIDE

MASTER PLANNED DEVELOPMENT

SITE PLAN REVIEW

AMENDMENT TO ZONING ORDINANCE/MAP

**APPLICANT INFORMATION:**

Applicant's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant must be (check all that apply):    Owner    Operator    Lessee

Applicant's Engineer or representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PROPERTY OWNER INFORMATION (if different than Applicant)**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**PROPERTY / FACILITY NAME**

Address: \_\_\_\_\_

Property tax map #: \_\_\_\_\_

Current use of property: \_\_\_\_\_

Description of Proposed Project/Use (attach additional pages and plans):

Zoning Requirements

Front yard setback: \_\_\_\_\_ Rear yard setback: \_\_\_\_\_  
Side yard setback: \_\_\_\_\_ Combined side: \_\_\_\_\_  
Minimum lot size: \_\_\_\_\_ Width: \_\_\_\_\_  
Height: \_\_\_\_\_ Floor area ratio: \_\_\_\_\_  
Open space: \_\_\_\_\_

Site Information

Size of site: \_\_\_\_\_ Sq. Ft. Size of area to be developed: \_\_\_\_\_ Sq. Ft.  
Number of proposed lots: \_\_\_\_\_  
Proposed method of Sanitary Sewage disposal: \_\_\_\_\_  
Proposed method of Water Supply: \_\_\_\_\_

If public utilities are proposed, are they available to site?

<u>Sanitary Sewer</u>	Yes	No	<u>Water</u>	Yes	No
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Will the project require the formation or extension of a Water and/or Sanitary Sewer District?

<u>Sanitary Sewer</u>	Yes	No	<u>Water</u>	Yes	No
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Main Structure:

Construction type: \_\_\_\_\_ Front yard setback: \_\_\_\_\_ feet  
Height: \_\_\_\_\_ stories, \_\_\_\_\_ feet Side yard setback: \_\_\_\_\_ feet  
# of family units: \_\_\_\_\_ Total of both side yard setbacks: \_\_\_\_\_ feet  
Size of lot: \_\_\_\_\_ Sq. Ft. Rear yard setback: \_\_\_\_\_ feet  
Open space: \_\_\_\_\_ % Floor area ratio: \_\_\_\_\_  
Corner or interior lot? \_\_\_\_\_ Other: \_\_\_\_\_

Accessory Building:

Description:

Percentage of yard: \_\_\_\_\_ Height: \_\_\_\_\_ feet  
Setback from rear lot line: \_\_\_\_\_ feet Setback from side lot line: \_\_\_\_\_ feet

Floodplain:

FIRM Zone \_\_\_\_\_ BFE \_\_\_\_\_  
Flood Plain Development Permit Required? YES NO

## ATTACHMENTS

Attach all relevant items listed in the Town/Village of Ellicottville Zoning Law for type of application(s) being submitted. Additional copies of all plans, documents and other application materials may be required. See attached list of required forms and information needed for type of application being submitted. Deadline for submittal is three (3) weeks prior to regularly scheduled meeting date. Meeting dates are subject to change by the Board Chair.

## SIGNATURES

Applicant and Owner (if different) must sign the application.

I hereby certify that I have examined this application and know the same to be true and correct. All provisions of laws and ordinances covering this type of work will be complied with whether specified herein or not. The acceptance or approval of this application does not presume to give authority to violate or cancel the provisions of any other state or local law regulating construction, land use or the performance of construction. I have read and am familiar with the Town/Village of Ellicottville zoning law that is relevant to this application(s).

Permission to inspect – I hereby consent to Town/Village of Ellicottville Staff inspection of the project site and adjacent property areas. Town/Village staff may enter the property without notice. Inspection may occur without the owner, applicant or agent present, If the property is posted with “keep out” signs or fenced with an unlocked gate, staff may still enter the property. Agency staff may take measurements, analyze site physical characteristics, take soil and vegetation samples, sketch and photograph the site.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant must be (check all that apply):    Owner                      Operator                      Lessee

Applicant Name:<sup>Print</sup> \_\_\_\_\_

Property Owner's Signature (if different than applicant)  
\_\_\_\_\_ Date: \_\_\_\_\_

Property Owner's Name:<sup>Print</sup> \_\_\_\_\_

Office use only:

Application Fee(s) \_\_\_\_\_

Received by: \_\_\_\_\_ on \_\_\_\_\_ (Date)

Project Number(s): \_\_\_\_\_