



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



17 MILL ST. ELLICOTTVILLE, NY 14731

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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:^{Print} _____

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

Property Owner's Name:^{Print} _____

Office use only:

Application Fee(s) _____

Received by: _____ on _____ (Date)

Project Number(s): _____