Please Note: If this application requires review by Zoning Board of Appeals or Planning board - the applicant or agent **MUST** be present.

TOWN OF ALEXANDRIA ZONING PERMIT

Town Clerk Office

4372 CO. RIC I
Alexandria Bay, New York 13607

(315) 482-9519

Zoning Officer: For Office Use Only: Permit No. Approved By ______ Denied By _____ Tax Map No. ______ Date _____ Name of Applicant _____ Reason For Denial Agent (if different) Address _____ Telephone # _____ The applicant, or his agent proposes to: (check one) ____construct ___alter ___adapt for new use ____demolish property located at _____ Address, Street & Number The proposed activity will be used for the following: (check one) ______ residence _____ commercial/business industrial _____ accessory building (describe): _____ Estimated Construction Value: \$ _____ Further description of the proposed activity (if necessary): Two copies of a sketch plan must accompany this application showing the proposed structure, accessory structures and their placement on the lot on which they are located. The drawing shall show distances between the structure and all lot lines, other structures on the lot, road right-of-way line and any other outstanding natural or man-made features on or adjacent to the lot (e.g. streams, driveways, fences, cliffs, etc.). The dimensions of all lot lines shall be noted. Such a drawing shall be prepared for a change of use in an existing structure as well. I, the owner or agent of the proposed use for which this permit application is being sought, do hereby affirm that the above information is true and accurate (to the best of my knowledge) and agree to abide by the regulations of the zoning ordinance. health codes and other applicable town ordinances.

Landowner, or agent, signature