

Permit # _____

**APPLICATION FOR ZONING PERMIT
TOWN OF MIDDLEFIELD
OTSEGO COUNTY-NEW YORK STATE**

Please fill in all blanks on this form and return it to the zoning enforcement officer. Otsego County permits may also be required before any construction or excavating may begin.

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Property Owner: _____ Phone: _____

Mailing Address: _____

Tax Map # (found on tax bill): _____

Date of Deed: _____ Liber _____ Page _____

Location of Property: Describe by side of road and distance if intersecting roads, landmarks, or neighboring properties _____

Zoning District (check one) R-80 R-HD

Is the project located in a flood hazard zone No Yes Flood elevation _____

Proposed construction: New construction Addition Alterations Change of

Use. Proposed Use (if residential, specify number of dwelling units) _____

Description of Work to be performed: _____

Size and area of the Lot _____ ft. by _____ ft. = _____ SF

Set Backs: front yard _____ ft. side yard _____ ft. rear yard _____ ft.

Height of building _____ ft. Square footage of bldg./Add. _____ SF

Estimate project cost: \$ _____

I hereby certify that I am the Applicant Owner and that I am duly authorized to make and file this application; all statements contained in this application are true to the best of my knowledge and belief, and that the work will be performed in the manner set forth in this application and in the plans filed herewith. I agree to comply with the Town of Middlefield Zoning Ordinance, and all other laws, ordinances, and regulation that may be applicable.

Signature

Date

Approved _____

Denied: _____