

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: \_\_\_\_\_