

TOWN OF MT. MORRIS  
Livingston County, New York  
ZONING APPLICATION

DATE: \_\_\_\_\_

All Town of Mount Morris property owners are required to comply with all the regulations as set forth by New York State Building Code and the Zoning Code of the Town of Mount Morris.

**INSTRUCTIONS**

- A. This application is to be completed in INK and submitted in duplicate to the Zoning Officer
- B. A plot plan in duplicate showing the location and actual dimensions of the lot and the exact size and location on the lot of the building on the premises, relation to public streets or areas and to adjoining premises, giving a detailed description of the layout of the property to be drawn on a diagram which is part of this application
- C. Work described in this application is **not** to be commenced before receiving a Building Permit. **THIS IS NOT A BUILDING PERMIT.** In the event that a set back variance is requested, an instrument survey showing precise setbacks to be created by the project, along with existing and proposed structures, must be attached. **APPLICATION IS HEREBY MADE** to the Zoning Officer pursuant to the Zoning Ordinance of the Town of Mount Morris, for the building, additions, alterations, or relocation as herein described. The applicant agrees with all the applicable laws, ordinances, and regulations.

1. APPLICANT

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

2. PROPERTY OWNER

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Email \_\_\_\_\_

3. Present Use is: \_\_\_\_\_

4. APPLYING FOR: \_\_\_\_\_ New Dwelling \_\_\_\_\_ Addition \_\_\_\_\_ Alteration  
 \_\_\_\_\_ Storage \_\_\_\_\_ Site Plan \_\_\_\_\_ Sign  
 \_\_\_\_\_ Other \_\_\_\_\_

\*If sign permit, include elevation and dimension. Sign Permit Fee: \$ \_\_\_\_\_

5. TYPE USE: If dwelling, \_\_\_\_\_ 1 Family \_\_\_\_\_ 2 Family \_\_\_\_\_ Multiple Family  
 If commercial, \_\_\_\_\_ Office \_\_\_\_\_ Retail \_\_\_\_\_ Industrial  
 \_\_\_\_\_ Storage \_\_\_\_\_ Assembly \_\_\_\_\_ Other

If other, Explain: \_\_\_\_\_

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6. DIMENSIONS OF:      New Structure \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.  
                                 Additions        \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.  
                                 Alterations     \_\_\_\_\_ Area \_\_\_\_\_ sq. ft.

7. ESTIMATED COST:    \$ \_\_\_\_\_

8. LOCATION OF LAND FOR PROPOSED WORK

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

Tax Map Number: \_\_\_\_\_

Size & Area of the lot \_\_\_\_\_ ft. by \_\_\_\_\_ ft = \_\_\_\_\_ sq. ft.

Zone Dist \_\_\_\_\_ Class Use \_\_\_\_\_ in which premises are situated

9. Does the proposed construction or use violate any Zoning Law or other ordinance or regulation? \_\_\_\_\_, if yes , give details \_\_\_\_\_

10. The plot diagram , attached to this application or on separate drawings, showing location of all buildings, existing or proposed, together with the dimensions from property lines, the surface elevation of the front yard at the front wall of the principal building as related to the surface of the street or highway, lot number, street names, and type of lot (interior or corner) and lot description is part of this application

**I, HEREBY CERTIFY THAT I AM THE** \_\_\_\_\_

And that I am duly authorized to make and file this application; that 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Zoning Officer

\_\_\_\_\_  
(Approved/Disapproved)

If disapproved, reason for Disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PETITION TO THE BOARD OF APPEALS**

To the Board of Appeals, Town of Mount Morris:

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Dated \_\_\_\_\_, 20\_\_\_\_ Signed: \_\_\_\_\_  
(Petitioner)

Action by the Board of Appeals of the Town of Mount Morris on the above stated matter:

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Dated \_\_\_\_\_, 20\_\_\_\_

Attest: \_\_\_\_\_  
(Secretary, Board of Appeals)

\_\_\_\_\_(Chairman)  
\_\_\_\_\_(Member)  
\_\_\_\_\_(Member)  
\_\_\_\_\_(Member)  
\_\_\_\_\_(Member)