



Town of Lowville
Zoning Office

5533 Bostwick Street, Lowville, New York 13367
(315) 376-8070 ext 6 ~ tlowvillecodes@aol.com

Town of Lowville Zoning Permit Application ~ Fee \$100.00
Referral to Lewis County Codes Office - No Charge

Date: _____

Application Number: _____

Tax Map Number: _____

Example: 111.000-01-10.000

Estimated Value of Construction: _____

Name and address of Applicant

Name and address of Property Owner
(If other than Applicant)

Phone No. _____

Phone No. _____

Proposed Construction Start Date: _____

EXACT Location of property to be developed - Include 911 address _____

Describe the proposed development or use applied for (single family, mobile home, storage building, garage, home occupation, commercial, retail, change in use, signage, other)

Size of Existing Building(s) _____ Number of Stories _____

Size of New Building/Structure _____ Number of Stories _____

Size of Addition Added to Existing Building _____

Closest Distance to Lot Lines

Right Side _____

Left Side _____

Rear Lot Line _____

Front to Edge of Road _____

Road Frontage _____ Lot Depth _____ Total Acreage _____

To apply for a Zoning Permit, this application must be filled out completely and include a check payable to TOWN OF LOWVILLE for the application fee, if applicable, including the Plot Plan.

The undersigned hereby makes this application for a zoning permit for the purpose(s) and site described herein and agrees that such work will be undertaken in accordance with all applicable laws, ordinances, and requirements local, state or federal laws.

Signature of Applicant

Date

Signature of Property Owner

Date

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CODE/ZONING OFFICE USE ONLY

Application Approved with Referral to Lewis County Code Enforcement Office
YES NO - See attached

Enforcement Officer Signature

Date

Application for Zoning/Land Use in Lowville

Approved: YES NO-See attached

Enforcement Officer Signature

Date

Application Approved with Conditions - SEE ATTACHED

Enforcement Officer Signature

Date

Application Denied – WORK MAY NOT COMMENCE – REASONS ATTACHED

Enforcement Officer Signature

Date

NOTE: GIVE THE DISTANCE OF ALL WELL AND SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES TO YOUR PROPOSED WELL/SEPTIC IF CLOSER THAN 150FT.

[illegible]

Maximum Lot Coverage: _____