

**VILLAGE OF UTICA**  
**Zoning Permit Application**  
**Application No. \_\_\_\_\_**

The undersigned applies for a Zoning Permit for the following use, said permit to be issued on the basis of the information contained within this application. The applicant certifies that all the information and attachments to this application are true and correct. The applicant is required, in addition to the information requested on this form to submit two copies of plans, and drawn to scale, showing the actual dimensions and shape of the lot, exact sizes and locations of existing buildings on the lot, and the location and dimensions of the proposed building, alterations, and accessory buildings.

1. Location Description:
  - a. Subdivision Name: \_\_\_\_\_ Lot No. \_\_\_\_\_
  - b. Street Address: \_\_\_\_\_
2. Name of Owner(s): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_
3. Existing Use: \_\_\_\_\_
4. Property Presently Zoned As: \_\_\_\_\_
5. Proposed Use: \_\_\_\_\_  

New Construction <input type="checkbox"/>	Business <input type="checkbox"/>	Industry <input type="checkbox"/>
Remodeling <input type="checkbox"/>	Accessory Building <input type="checkbox"/>	
Residence <input type="checkbox"/>	Number of Units _____	
Sign <input type="checkbox"/>	Size _____	Other _____
6. Type of Sewage Disposal: \_\_\_\_\_
7. Lot Width: \_\_\_\_\_ Lot Depth: \_\_\_\_\_ Lot Area: \_\_\_\_\_
8. Square Feet of Living Area (residence): \_\_\_\_\_  
Garage: \_\_\_\_\_ Basement: \_\_\_\_\_ Accessory Building \_\_\_\_\_  
Commercial: \_\_\_\_\_ Industrial: \_\_\_\_\_ Office: \_\_\_\_\_
9. Building Heights: \_\_\_\_\_ Stories: \_\_\_\_\_ Feet: \_\_\_\_\_

10. Yard Dimensions: Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 One Side: \_\_\_\_\_ Sum of Side Yards: \_\_\_\_\_
11. Accessory Building Dimensions: \_\_\_\_\_ Square Feet: \_\_\_\_\_
12. Number of off-street parking spaces to be provided: \_\_\_\_\_
13. Number of off-street loading berths to be provided: \_\_\_\_\_
14. On a separate sheet, attach a list of other supplemental requirements of conditions that will be met, or explain any points you feel need clarification.
15. This property *is* , *is not* , in an identified flood plan.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



Date Received: \_\_\_\_\_

Date of Action on Application: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

Application was: Approved  Denied

Reason for Denial: \_\_\_\_\_

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\_\_\_\_\_  
 Zoning Inspector