General Permit Application – Sheet 1 General Information

Date: 4/19/18
Zoning District: Light Industrial
Project Description: ERECT BUILDING FOR CONTRACTOR

Principal Use: Residential Commercial Other:

Permit(s) Required: Building Zoning Special Use Site Plan Review Subdivision Pool Heating Demolition Pre-built Shed

Worksheets / sections required:

- Site Plan Sketch
- Site Plan Review
- Special Use Permit
- Notice of Ground Disturbance
- Zoning Permit
- Versa Compliance Worksheet
- Residential Design Guidelines Compliance
- Commercial Design Guidelines Compliance
- Sign Compliance Worksheet

Notes:
Permit Application - Contact Information

Owner - Print name: CANDYCE HARRIS
Owner Signature required & dated: ______________________
Address: 12 TWIN GLENES  City: Endwell  State: NY  Zip Code: 14803
E-mail: ____________________________________________ Telephone No: ______________________
Emergency Contact: ________________________________ Telephone No: ______________________

Agent / Applicant - Print: MICHAEL SHUTTLE
Address: 115 LAUREL HILL RD  City: Endwell  State: NY  Zip Code: 14803
E-mail: ____________________________________________

General Contractor: ________________________________ License #: ____________________________
Address: ________________________________________ City: __________________ State: _______ Zip Code: __________
E-mail: ____________________________________________ Telephone No: ______________________

Mason Contractor: ________________________________ License #: ____________________________
Address: ________________________________________ City: __________________ State: _______ Zip Code: __________
E-mail: ____________________________________________ Telephone No: ______________________

Electrical Contractor: ______________________________ License #: ____________________________
Address: ________________________________________ City: __________________ State: _______ Zip Code: __________
E-mail: ____________________________________________ Telephone No: ______________________

HVAC Contractor: ________________________________ License #: ____________________________
Address: ________________________________________ City: __________________ State: _______ Zip Code: __________
E-mail: ____________________________________________ Telephone No: ______________________

Plumbing Contractor: ______________________________ License #: ____________________________
Address: ________________________________________ City: __________________ State: _______ Zip Code: __________
E-mail: ____________________________________________ Telephone No: ______________________

Surveyor: ________________________________________ License #: ____________________________
Address: ________________________________________ City: __________________ State: _______ Zip Code: __________
E-mail: ____________________________________________ Telephone No: ______________________

Note: The Town of Dryden will keep your contact information private.

** CUT: ___________________________________________________________________________________ **