



Planning Department
 Director of Planning
 Code Enforcement Officer
 Code Enforcement Officer
 Zoning Officer
 Stormwater Officer
 Administrative Coordinator

Ray Burger
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General Permit Application – Sheet 1 General Information

DO NOT FILL IN SHADED SECTIONS

Date: 4/19/18 Tax Parcel #: 43.-1-31 Zoning District: Light Industrial

(Complete) Project Address: 1756 HANSAW RD DRYDEN

Project Description: ERECT BUILDING FOR CONTRACTOR YARD + PARKING

Principal Use: Residential _____ Commercial: Other: _____

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

To be completed by Planning Department personnel:

Worksheets / sections required:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Site Plan Sketch | <input type="checkbox"/> Driveway or Roadcut Compliance |
| <input checked="" type="checkbox"/> Site Plan Review | <input type="checkbox"/> Notices and Disclaimer Acknowledgement |
| <input type="checkbox"/> Special Use Permit | <input type="checkbox"/> Agricultural Data Statement |
| <input type="checkbox"/> Notice of Ground Disturbance | <input type="checkbox"/> County Review |
| <input type="checkbox"/> Zoning Permit | <input type="checkbox"/> Minor Subdivision |
| <input type="checkbox"/> Varna Compliance Worksheet | <input type="checkbox"/> Major Subdivision |
| <input type="checkbox"/> Residential Design Guidelines Compliance | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Commercial Design Guidelines Compliance | <input type="checkbox"/> Lot Line Adjustment |
| <input type="checkbox"/> Sign Compliance Worksheet | |

Notes:

Permit Application - Contact Information

Owner - Print name: CANDYCE HARDY
Owner Signature required & dated: Candycce Hardy 4-19-18
Address: 18 TWIN GLENS **City:** ITHACA **State:** NY **Zip Code:** 14850
E-mail: _____ **Telephone No:** _____
Emergency Contact: _____ **Telephone No.:** _____

Agent / Applicant - Print: MICHAEL SHUTTS
Address: 115 LAUREL HILL RD **City:** ERIN **State:** NY **Zip Code:** 14838
E-mail: [REDACTED]
com

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:

Application from _____ for _____
Project Site _____ received on _____
Payment received \$ _____ Cash _____ Check # _____ Credit Card (circle one)
Signature of receiver _____ Date _____