



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

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General Permit Application – Sheet 1 General Information

DO NOT FILL IN SHADED SECTIONS

Date: 8-2-19 Tax Parcel #: 23-1-1521 Zoning District: Rural Ag District
 (Complete) Project Address: 374 Ed Hill Rd.; Freeville, NY 13068
 Project Description: Locating an elder cottage on the property. 24'x28' Modular unit.

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 type="checkbox"/> Site Plan Sketch | <input type="checkbox"/> Driveway or Roadcut Compliance |
| <input 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: Bryan + Rebecca Vliet

Owner Signature required & dated: _____

Address: 374 Ed Hill Rd. City: Freeville State: NY Zip Code: 13068

E-mail: rvl2@cornell.edu Telephone No.: 607-254-4840

Emergency Contact: _____ Telephone No.: _____

Agent / Applicant - Print: Loralzee Morrow, INHS

Address: 115 W. Clinton St. City: Ithaca State: NY Zip Code: 14850

E-mail: lmorrow@ithacanhs.org Telephone No.: 607-277-4500 ex. 223

General Contractor: MS Laughlins Manufactured Home License # Fed ID: 080-52-4550

Address: 589 State City: Locke State: NY Zip Code: _____

E-mail: melhome.movers@gmail.com Telephone No.: 315-497-9169

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 _____