



Planning Department

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

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General Permit Application – Sheet 1 General Information

DO NOT FILL IN SHADED SECTIONS

Date: 8-8-22 Tax Parcel #: 68-1-7.62 Zoning District: NR
(Complete) Project Address: 60 Whitted Rd

Project Description: To subdivide one parcel and redefine the boundaries of an adjoining parcel (also owned by applicant) to create 3 building lots from 2. The largest lot (3.8 acres) will have 160 feet of frontage rather than the required 150. The other 2 will comply with zoning code.

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:

- Site Plan Sketch
- Driveway or Roadcut Compliance
- Site Plan Review
- Notices and Disclaimer/Acknowledgement
- Special Use Permit
- Agricultural Data Statement
- Notice of Ground Disturbance
- County Review
- Zoning Permit
- Minor Subdivision
- Varna Compliance Worksheet
- Major Subdivision
- Residential Design Guidelines Compliance
- Demolition
- Commercial Design Guidelines Compliance
- Lot line Adjustment
- Sign Compliance Worksheet

Notes:

Permit Application - Contact Information

Owner - Print name: Arthur Raulings

Owner Signature required & dated: [Signature] 8-8-22

Address: 350 Hord Rd City: Ithaca State: NY Zip Code: 14850

E-mail: [Redacted]

Emergency Contact: _____ Telephone No.: _____

Agent / Applicant - Print: _____

Address: _____ City: _____ State: _____ Zip Code: _____

E-mail: _____ Telephone No.: _____

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: TG Miller License # _____

Address: 605 W State St City: Ithaca State: NY Zip Code: _____

E-mail: _____ Telephone No.: [Redacted]

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

**CUT: _____ **

Application from _____	for _____
Project Site _____	received on _____
Payment received <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> (circle one)	
Signature of receiver _____	Date _____