



**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

8/29/22                      52-1-25.4                      Mixed use commercial District  
Date:                              Tax Parcel #:                      Zoning District:

(Complete ) Project  
Address: 1285 Dryden Road, Dryden NY 14850

Project Description: Construction of 2,600 SF restaurant with 1000 SF deck and associated site access, utility, lighting and landscaping improvements.

Principal Use: Residential \_\_\_\_\_ Commercial: X Other: \_\_\_\_\_

Permit(s) Required:    Building    Zoning    Special Use X 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: Danielle Maguire

Owner Signature required & dated: Danielle Maguire 12 SEP 22

Address: 14 James Street City: Dryden State: NY Zip Code: 13053

E-mail: [REDACTED] Telephone No: [REDACTED]

Emergency Contact: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Agent / Applicant - Print: Marathon Engineering

Address: 840 Hanshaw Road, Suite 6 City: Ithaca State: NY Zip Code: 14850

E-mail: [REDACTED] Telephone No: [REDACTED]

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 <input type="checkbox"/> (circle one)
Signature of receiver _____	Date _____