



Planning Department

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

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Final Plan Review
SUP-2023-01

General Permit Application – Sheet 1 General Information

DO NOT FILL IN SHADED SECTIONS

Date: 5/19/2023 Tax Parcel #: 42.-1-29 Zoning District: Rural Residential
(Complete) Project
Address: 1847 Hanshaw Rd Athaca, NY 14850
Project Description: storage barn contractor yard

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

Notes:

original SUP 7-16-20 Resolution #94

Permit Application - Contact Information

Owner - Print name: Terance Bailey

Owner Signature required & dated: Terance Bailey 5/19/23

Address: 5139 Jacksonville Rd City: Truimansburg State: NV Zip Code: 14886

E-mail: Nysportsman@msn.com Telephone No: 607-351-5242

Emergency Contact: Kim Bailey Telephone No.: 607-351-5243

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: _____ 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 _____