

Town of Chesterfield
Office of Building Codes and Zoning
1 Vine Street
P.O. Box 456
Keeseville, New York 12944

No. _____

Tax Map No. _____

PROJECT PERMIT / BUILDING PERMIT / SPECIAL PERMIT APPLICATION

Owners: _____ Address: _____
Home phone no. _____ Work phone no. _____

Contractor: _____ Address: _____
Phone No. _____

Plans By: _____ Address: _____
Phone No. _____

Property Address and Directions: _____

Current Use(s): _____ Proposed Use(s): _____
Parking Spaces: _____ Lot Area: _____ Number of Residential Units: _____
Size of Building: _____ Floor Area: _____ Number of Stories: _____
Municipal Water Available: _____ Municipal Sewer Available: _____ Will Electric work be done?: _____
Heat Type: Gas _____ Oil _____ Electric _____ Wood _____

Brief Description of Proposed Work: _____

Other State or Local permits may be required.

Type of Activity (check all that apply):

- _____ New Use
- _____ Erection of Residential Structure
- _____ Erection of Commercial Structure
- _____ Movement of Structure
- _____ Demolition of Structure
- _____ Expansion of Use or Structure
- _____ Change of Use in Existing Structure
- _____ Resumption of Former Use
- _____ Sign
- _____ Density Transfer
- _____ Septic System
- _____ Other _____

The undersigned hereby make application in accordance with all applicable laws and other requirements of the Town of Chesterfield.

Signature of Owner *Date*

Signature of Applicant *Date*

**ZONING INSPECTOR TO COMPLETE ITEMS
BELOW WHERE APPLICABLE**

Scale of Project (check all that apply):

- ___ Minor Project ___ Regional Class B
- ___ Major Project ___ Regional Class A

SEQRA Category (check one):

- ___ Type 1 ___ Type 2
- ___ Unlisted ___ Excluded (APA)

County Review: ___ yes ___ no

The proposed use is allowed:

___ by right (permitted) ___ by Special Permit

Is there an existing Special Permit for the property?

___ yes, granted on _____. ___ no

Is this a special permit application, does the property contain a farm operation located within an agricultural district or is the property boundary within 500 feet of a farm operation located in an agricultural district?

___ yes ___ no ___ not applicable

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SIGN OFF RELEASE FORM

In Accordance with the
____ Zoning Codes and/or ____ Building Codes

Reference to: _____

Zoning Officer: Mr. _____ _____ Approved _____ Disapproved

If disapproved, Why: _____

Signature: _____

Building Codes Officer: Mr. _____ _____ Approved _____ Disapproved

If disapproved, Why: _____

Signature: _____