

VILLAGE OF AURORA
APPLICATION FOR ZONING PERMIT

DATE: _____

APPLICATION # _____ TAX MAP # _____

ZONE: (please circle) Residential – Commercial – Agricultural/Residential – Institutional – Flood Hazard

THIS SECTION TO BE COMPLETED BY ZONING OFFICER OR PLANNING BOARD CHAIR

The applicant needs the following:

_____ Building Permit	_____ Special Permit
_____ Certificate of Appropriateness	_____ Specs for various code compliance
_____ Certificate of Occupancy	_____ Variance from Zoning Board of Appeals
_____ Public Hearing (Date _____)	_____ Zoning Permit Application
_____ SEQRA (long form) _____ SEQRA (short form)	_____ Planning Board Approval

Applicant's name _____ Phone _____

Address _____

E-mail _____ Cell Ph. _____

Property owner's name if not applicant _____ Phone _____

Address _____

Contractor's name _____ Phone _____

Site location _____

Estimated cost of project _____

1. The property for which the application is made is bounded by these neighbors:

On the north by (property owner) _____

On the east by (property owner) _____

On the south by (property owner) _____

On the west by (property owner) _____

2. Nature of proposed work. Check all that apply:

_____ Addition _____ Alteration _____ Demolition _____ Earth filling

_____ Excavation _____ New building _____ New sign _____ Removal

_____ Repair _____ Shed under 80 sq. ft. _____ Shed 80 sq. ft. or larger

_____ Subdivision _____ Wood stove and/or chimney

_____ Other: _____

3. Proposed USE of structure or property.
- Residential: One-family dwelling Two-family Multi-family (# of units _____)
- Commercial (state nature) _____
- Home occupation (state nature) _____
- Accessory building (state nature) _____
- Mixed use (state nature) _____
- Subdivision (state total number of parcels that will result) _____
- Other (state nature) _____
4. Existing use and occupancy of structure or property _____
5. Complete this section if proposing a multi-family dwelling.
- a) Number of dwelling units proposed for each floor: First floor Second floor
- b) Size of each unit in square feet _____
- c) # of existing off-street parking spaces _____ Proposed off-street parking spaces _____
- d) # of parking spaces in existing garage _____ Proposed parking spaces in garage _____
6. If this project will involve excavation or earth filling, please indicate how much.
- _____
7. Signs. Please indicate all information.
- a) Location: on-premises off-premises cross-highway (needs DOT permit)
- b) Type: attached freestanding portable projecting
- representational (i.e. tooth = dentist) window double-sided
- c) Type of supports _____
- d) Permanence: permanent temporary
- e) Purpose: commercial directional historical or reproduction of original pre-1950 sign
- f) Sign area: _____ square feet (Double sided-signs are considered two signs, so double the area.)
- g) Illumination: yes no
8. Each application for a Zoning Permit shall be accompanied by:
- a) plans and specifications for any construction, demolition or excavation
- b) either a plot plan drawn to scale on the next page or a surveyor's plot plan.
- All plans must include property dimensions, building or excavation dimensions, and distances of all construction from the property lines and other structures. In addition, for Special Use or Site Plan Review, or when filing an appeal for a variance from the ZBA see Sections 901 – 903 of the Village Zoning Law, and for Subdivisions, see Article X.

Applicant's signature

Date

Owner's signature if not the applicant

Date

VILLAGE OF AURORA

CODE AND ZONING ENFORCEMENT

Please provide a drawing of the proposed construction, including the existing structure if applicable.

A large, empty rectangular box with a thin black border, intended for a drawing of proposed construction. The box is currently blank.

Applicants DO NOT write in this section.

1. Community Preservation Panel Signature of Chair _____

Requirements: _____ Certificate of Appropriateness

_____ Approved on _____ (date)

_____ Deferred on _____ (date)

_____ Denied on _____ (date) because _____

2. Planning Board Signature of Chair _____

Requirements: _____ Site Plan _____ Special Permit _____ Subdivision

_____ Approved on _____ (date)

_____ Deferred on _____ (date)

_____ Denied on _____ (date) because _____

3. Zoning Board of Appeals Signature of Chair _____

Requirements: _____ Area Variance _____ Use Variance

_____ Approved on _____ (date)

_____ Deferred on _____ (date)

_____ Denied on _____ (date) because _____

4. Code and Zoning Enforcement Officer Signature _____

Requirements: _____ Building Permit _____ Certificate of Occupancy

_____ Approved on _____ (date)

_____ Deferred on _____ (date)

_____ Denied on _____ (date) because _____

