Village of Pulaski 4917 North Jefferson Street Pulaski, NY 13142 315-509-4301/440-8375 Fax#315-298-5274

codeofficer@villagepulaski.com

Code Enforcement Department

Application for Zoning Permit

Date	
Property owner's name, address, and phone:_	
Applicant's name, address, and phone:	
Property owner's signature:	
Is applicant? OwnerLessee Agent	t of owner Architect Engineer
Builder/contractor Other	
Address Of proposed Project site:	
Address Of proposed Project site: Tax map description: Section	Block Lot
Property lot dimensions in square feet or acres	5:
Building[s] dimensions:	
Distances to lot boundaries: Front Back	
Square foot / percent of lot coverage:	Maximum building height _
Number of accessory structure building[s]	
Do Not Write	e Below. This Line
Current use and occupancy:	
Proposed use and occupancy:	
• • • • • • • • • • • • • • • • • • • •	ode:
	nning Board:
·	Planning Board:
	pard of Appeals:
	· · · · · · · · · · · · · · · · · · ·
	ning Officer
2011	···· · · · · · · · · · · · · · · · · ·

Village Pulaski APPLICATION TO BOARD OF APPEALS OR PLANNING BOARD



Date o	f Application:	The state of the s
Applica	ation for:	- Andrews
	Interpretation of Zoning Ordinance or Map	
	Special Permit under section of Ordinance	
	Area Variance	
	Use Variance	
	Site Plan	
	Amended Site Plam	
	Request relates to the following provisions of Zoning Ordinance:	
	Map Text: Article: Section: Subsection:	
1.	Owners Name, Address:	
	Address of Proposed Site:	
	Tax Map Description: SectionBlockLot Zoning Classification:	
2.	Purpose of Request:	
3.	Justification of Request:	
4.	Previous Appeals (Dates and Purpose of Requests):	
5.	Applicants should submit with this application supporting materials, including three sets showing elevation, landscaping, traffic circulation, and other materials as required by to Ordinance.	
	Signature of Applicant/Owner:	

Village of Pulaski PO Box 227 4917 N Jefferson Street Pulaski, NY 13142 315.298.2622

Property Owner:
Property Address:
Owner's Telephone:
A manager must be available to the renters 24 hours per day, seven days a week, and live within 30 miles of the property:
Manager's Name:
Home Address:
Telephone:
Signature of Owner