

Village of Pulaski  
4917 North Jefferson Street  
Pulaski, NY 13142  
315-509-4301/440-8375 Fax#315-298-5274  
[codeofficer@villagepulaski.com](mailto: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? Owner \_\_\_\_\_ Lessee \_\_\_\_\_ Agent of owner \_\_\_\_\_ Architect \_\_\_\_\_ Engineer \_\_\_\_\_  
Builder/contractor \_\_\_\_\_ Other \_\_\_\_\_

Address Of proposed Project site: \_\_\_\_\_

Tax map description: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Description of proposed work/project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Property lot dimensions in square feet or acres: \_\_\_\_\_

Building[s] dimensions: \_\_\_\_\_

Distances to lot boundaries: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Square foot / percent of lot coverage: \_\_\_\_\_ Maximum building height \_\_\_\_\_

Number of accessory structure building[s] \_\_\_\_\_ Parking spaces: \_\_\_\_\_

#### **Do Not Write Below. This Line**

Current use and occupancy: \_\_\_\_\_

Proposed use and occupancy: \_\_\_\_\_

Proposed use allowed under existing zoning code: \_\_\_\_\_

Use allowed requires a site plan review by Planning Board: \_\_\_\_\_

Use allowed requires a special permit from the Planning Board: \_\_\_\_\_

Denied requires a variance from the Zoning Board of Appeals: \_\_\_\_\_

\_\_\_\_\_  
Zoning Officer

Village Pulaski  
**APPLICATION TO BOARD OF APPEALS OR PLANNING BOARD**



**Date of Application:** \_\_\_\_\_

**Application for:**

Interpretation of Zoning Ordinance or Map

Special Permit under section \_\_\_\_\_ of Ordinance

Area Variance

Use Variance

Site Plan

Amended Site Plan

**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: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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 of plans showing elevation, landscaping, traffic circulation, and other materials as required by the Zoning 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: \_\_\_\_\_

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Signature of Owner