

Town of Johnsburg Zoning Compliance Certificate Application

OWNER / APPLICANT INFORMATION

updated 12/2012

Property Owner Name _____ **Date** _____
Address 1 _____ **Day Phone** _____
Address 2 _____ **Eve Phone** _____
City _____ **State** _____ **Zip** _____
Applicant (if not owner) _____ **Phone** _____
Email _____
Tax Map # _____ **Lot Size** _____
Location of Property _____
Est. Cost of Construction _____ **Sq. Footage** _____
Est. Completion Date _____ **Private** **Commercial**
Will this building be a primary residence? **Yes** **No**

STRUCTURE INFORMATION

<u>Building</u>	<u>Style</u>	<u>Construction</u>	<u>Exterior</u>	<u>Basement</u>
<input type="checkbox"/> Single Dwelling	<input type="checkbox"/> Ranch	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Full
<input type="checkbox"/> Double Dwelling	<input type="checkbox"/> Raised Ranch	<input type="checkbox"/> Frame	<input type="checkbox"/> Shingles	<input type="checkbox"/> Half
<input type="checkbox"/> Duplex Dwelling	<input type="checkbox"/> Split Level	<input type="checkbox"/> Brick	<input type="checkbox"/> Stucco	<input type="checkbox"/> Quarter
<input type="checkbox"/> Apartment Bldg.	<input type="checkbox"/> Cape Cod	<input type="checkbox"/> Tile	<input type="checkbox"/> Paper	<input type="checkbox"/> Floor
<input type="checkbox"/> Condominium	<input type="checkbox"/> Colonial	<input type="checkbox"/> Steel	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Laundry
<input type="checkbox"/> Town House	<input type="checkbox"/> Contemporary	<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Wood	<input type="checkbox"/> Rec. Room
<input type="checkbox"/> Office Bldg.	<input type="checkbox"/> Mansion	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Log	<input type="checkbox"/> Finished
<input type="checkbox"/> Store	<input type="checkbox"/> Old Style		<input type="checkbox"/> Composite	<input type="checkbox"/> Walk Out
<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Cottage	<u>Dimensions</u>	<input type="checkbox"/> Brick	<u>Porches/Decks</u>
<input type="checkbox"/> Factory	<input type="checkbox"/> Row	Overall: _____	<input type="checkbox"/> Other (Specify) _____	# Closed _____
<input type="checkbox"/> Shop	<input type="checkbox"/> Log Cabin	# of Floors _____		# Open _____
<input type="checkbox"/> Church	<input type="checkbox"/> Bungalow	<u>Rooms</u>	<u>Heating/Cooling</u>	Other (Specify) _____
<input type="checkbox"/> Garage	<input type="checkbox"/> Townhouse	Total # _____ all rooms	<input type="checkbox"/> No Central	
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other (Specify) _____	Excl. bath _____	<input type="checkbox"/> Hot Water / Hot Air	<u>Outbuildings</u>
<input type="checkbox"/> Storage		# Bedrooms _____	<input type="checkbox"/> Solar	<input type="checkbox"/> Garage
<input type="checkbox"/> Addition	<u>Plumbing</u>	Kitchen? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Outside Boiler	<input type="checkbox"/> Barn or Shed
<input type="checkbox"/> Other (Specify) _____	Type: _____	# Bedrooms _____	<input type="checkbox"/> Oil	<input type="checkbox"/> Pool
	# Baths _____	Kitchen? <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Gas / Electric	<input type="checkbox"/> Carport
	# Toilets _____		<input type="checkbox"/> Wood Furnace	<input type="checkbox"/> Other _____
<u>Miscellaneous</u>	# Faucets _____	<u>Fire Place</u>	<input type="checkbox"/> Radiant	
<input type="checkbox"/> Generator		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Air Conditioner	
<input type="checkbox"/> Solar Panels				

IF APPLICABLE

Architect or Engineer _____

Address 1 _____

Phone _____

Address 2 _____

City _____

State _____

Zip _____

General Contractor _____

Address 1 _____

Phone _____

Address 2 _____

City _____

State _____

Zip _____

Electrical Contractor _____

Address 1 _____

Phone _____

Address 2 _____

City _____

State _____

Zip _____

NARRATIVE

(Please describe what is to be done.)

Plans and specifications MUST accompany this application:

Please provide design plans for construction by attaching to this application and 8 1/2" x 11" copy of plan or a sketch of a detailed diagram

Please provide the name of street, correct distance from foundation to lot lines, including frontage (side and rear distances). Indicate where water supply and sewer lines are or will be located including distance apart, depth, etc. If construction is to be an addition to an existing building or an accessory building (garage, storage shed, etc.) indicated the size of current building and distance from foundation to lot lines or addition and/or accessory building

SIGNATURE

It is my understanding Town Officials will be inspecting my site periodically. Further I understand that Federal law makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction. By submitting this form, I certify that the above information is true and complete to the best of my knowledge and belief.

Name _____

Date _____