

Town of Castile Zoning Office
51 N. Main St., Castile, N.Y. 14427

R. Bowles
Zoning Officer

585-493-5130
Tues. and Thurs. 8:00am-Noon
7/AM

DATE _____

PERMIT NUMBER _____

OWNER'S NAME _____

APPLICANT (IF DIFFERENT) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

TAX PARCEL NUMBER - ZONE _____

LOCATION OF PROPERTY (IF DIFFERENT) _____

Nature of Work: () New Building () Addition () Accessory
() Alteration () Demolition () Other

Description: _____

Does said property fall in a Flood Plain Zone? YES-----NO----- (CHECK ONE)

Documents submitted: () Site Plan/ Survey () Construction Plan
() Architect Seal/Signature () Contractor/Cert. of Ins.
() Septic System Permit () Board Approval

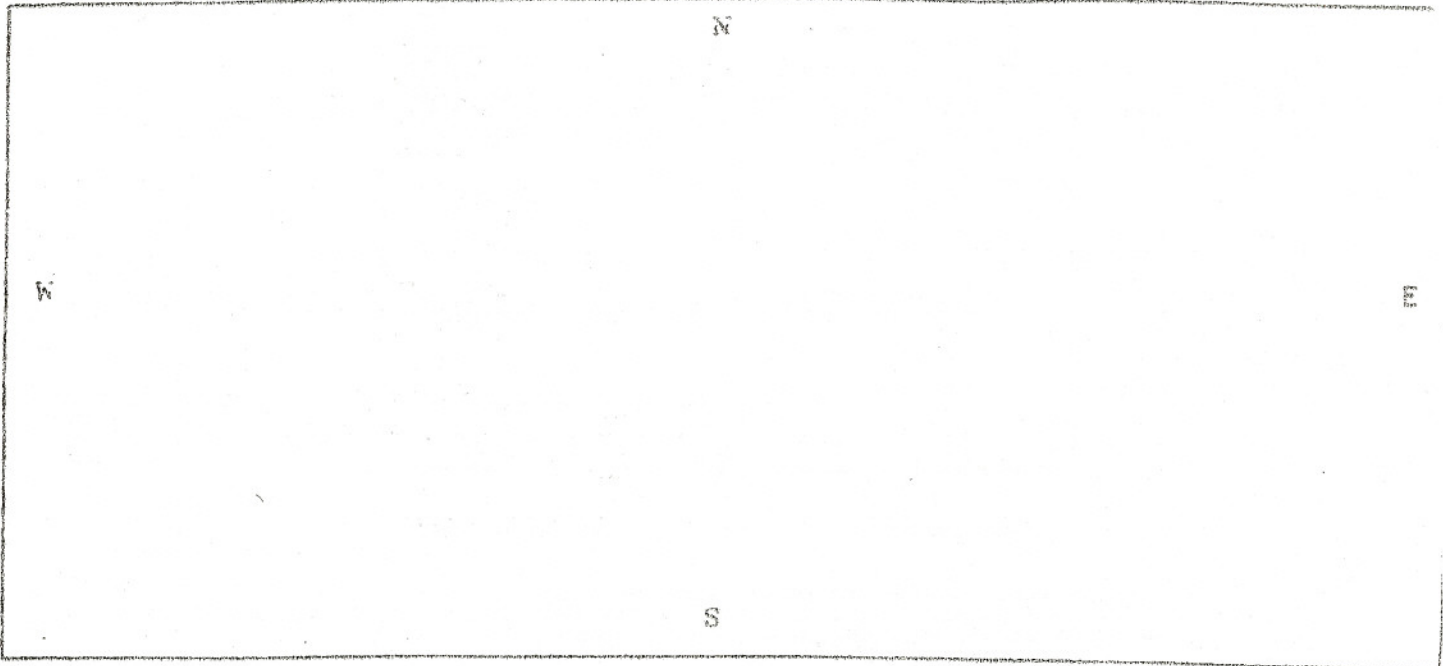
Cost of Work: _____ Contractor: _____

Lot Size: _____ Dimensions of Construction: _____

Name: _____

PERMIT # _____

APPLICANT DRAW BUILDING LOCATIONS/GIVE MEASUREMENTS TO PROPERTY LINES, BUILDINGS, ROADS, R.O.W., ETC.



Permission is hereby requested to perform the work described above. I will inform this office when work is completed. My signature acknowledges responsibility to call for all required inspections and is also a request for a certificate of occupancy/compliance upon completion.

Signature of Owner

Fee Items: _____

Other Charges
to Date: _____

Total Owed: _____

Total Paid: _____

This Permit(s) # _____ is granted for _____

