

VILLAGE OF CASTILE - ZONING DEPARTMENT
51 NORTH MAIN STREET - BOX 515, CASTILE, NEW YORK 14427-0515
PHONE 493-5340 FAX 493-2063

Date _____ Permit # _____

Owner's Name _____ Mailing Address _____

Telephone Number _____ Location of Property - If Different _____

Applicant (If different) _____ Tax Parcel Number - Zone - Occupancy _____

Nature of Work: _____ New Building _____ Addition _____ Accessory
_____ Alteration _____ Demolition _____ Other

Description: _____

Cost of Work: _____ Contractor _____

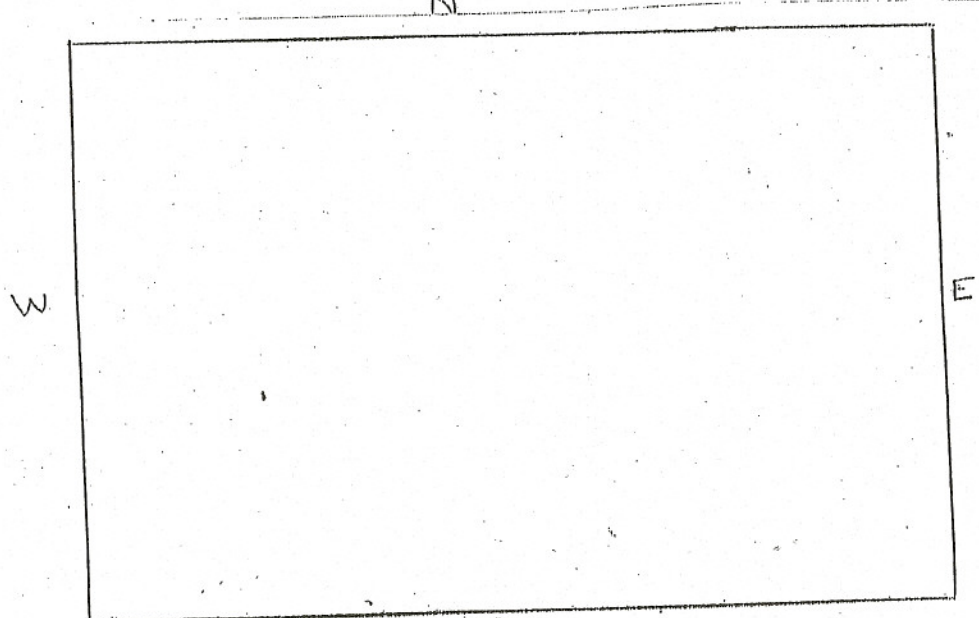
Lot Size: _____ Dimensions of Construction _____

Distance from Lot Lines: _____ N _____ S _____ E _____ W

Variance _____ Subdivision _____ Special Use _____

This permit _____ does or _____ does not need to go to the Wyoming County Building Inspector,
143 North Main Street, Warsaw, NY 786-8820

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



Total Owed _____ Signature (owner or authorized applicant) _____

This permit # _____ is granted for _____
with these added stipulations: _____

Date _____ Signature of Zoning Officer _____

Receipt of \$ _____ for permit # _____ is acknowledged.

Date _____