

**Town of Castile – Zoning Department**

53 North Main Street – Box 179, Castile New York 14427

Phone (585) 493- 2233 x1005 Fax – (585) 493 – 5058

Date \_\_\_\_\_

Permit # \_\_\_\_\_

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Property Address ( if Different)

\_\_\_\_\_  
Applicant ( If Different)

Tax ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Zone \_\_\_\_\_

Nature of Work: \_\_\_\_\_ New Building

\_\_\_\_\_ Addition

\_\_\_\_\_ Alteration

\_\_\_\_\_ Accessory

\_\_\_\_\_ Demolition

\_\_\_\_\_ Other

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost of Work: \_\_\_\_\_

Contractor \_\_\_\_\_

Lot Size: \_\_\_\_\_

Dimensions of construction \_\_\_\_\_

Distance from lot lines: N \_\_\_\_\_ S \_\_\_\_\_ E \_\_\_\_\_ W \_\_\_\_\_

Town of Castile Zoning Department  
53 North Main Street  
PO Box 179  
Castile, NY 14427-0179

Supervisor Keith Granger

Zoning Officer Dave Swede  
(585) 493-2233

### GUIDELINES FOR ZONING PERMIT APPLICATIONS

The ONLY County Building Permits that will be issued without a Town of Castile Zoning Permit will be for solid fuel.

A County Building Permit is not required for the typical small moveable metal or wood storage buildings under 150 square feet, but requires a Town of Castile Zoning Permit.

***NO County Building Permits will be issued until a Town Zoning Permit is obtained.***

Things you will need for Town Zoning Permits:

1. Application completely filled out
2. ONLY the owner of property can obtain a Town Zoning Permit OR designated contractor.
3. Plot Plan or Site Plan. Plan must show size of lot and distance from all property lines for existing and proposed buildings.
4. Permit fee.
5. Is this property in a Flood Zone?     Yes  No

NOTE: Time will be required to check plans for compliance with Town of Castile Zoning Law. ***Every effort*** will be made to either issue a permit or notify applicant of any required changes within five (5) working days after receiving the application. Please plan starting dates accordingly.

**It is solely the applicants' responsibility for obtaining permits/inspections prior to contractor scheduling.**

Name \_\_\_\_\_

Permit # \_\_\_\_\_

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

N

W

E

S

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 \_\_\_\_\_