



Town of Champion
Application for Zoning Permit

10/15

Applicant:
 Name _____
 Address _____

 Telephone # _____

Mail Completed form with a check made payable to the Town of Champion for \$20 to:
 Town of Champion
 Zoning Enforcement Officer
 10 North Broad St
 Carthage NY 13619

Description of Purpose: (i.e. Build a house with a driveway and well) I am applying for a permit to: _____

Location: (i.e. 30532 County Rte 47) please include tax map number if known
 At: _____

Please check the proposed use of the property:

- one or two family residence multi family residence agricultural commercial
- singlewide manufactured housing community or religious services
- other _____

Information on any proposed buildings: (any additional structures may be put on a separate piece of paper)

	Structure 1	Structure 2	Structure 3	Structure 4
Brief Description (i.e. house, garage)	_____	_____	_____	_____
Length	_____	_____	_____	_____
Width	_____	_____	_____	_____
Height	_____	_____	_____	_____
Setbacks				
From right of way	_____	_____	_____	_____
From back lot line	_____	_____	_____	_____
Right side lot line	_____	_____	_____	_____
Left side lot line	_____	_____	_____	_____

I the undersigned am the owner (or have authority from the owner to apply for this permit) of the above described property and has to the best of my knowledge truthfully completed this form. Applicants signature _____ Date _____

For more information feel free to call me at (315) 493-2689