

VILLAGE OF CAMBRIDGE  
56 NORTH PARK STREET  
CAMBRIDGE, NY 12816  
Phone: 518-677-2622  
Fax: 518-677-3916

Date RCVD: \_\_\_\_\_  
Permit #: \_\_\_\_\_  
Fee RCVD: \$ \_\_\_\_\_

### Application for Zoning Permit

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Applicant Name: \_\_\_\_\_ Applicant Phone Number: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

Applicant e-mail address: \_\_\_\_\_

Property Owner Name, Address and Phone Number, if different than applicant:  
\_\_\_\_\_  
\_\_\_\_\_

Project Address and Tax Map#:  
\_\_\_\_\_

Project Zoning District: \_\_\_MU \_\_\_GC \_\_\_RT \_\_\_VR \_\_\_RR \_\_\_I \_\_\_ERO

Application is hereby made to: \_\_\_Use \_\_\_Erect \_\_\_Remove \_\_\_Alter

Permit Type (check only one):

\_\_\_Basic Zoning \_\_\_Special Use \_\_\_Sign \_\_\_Demolition \_\_\_Fence

Project Use Type: \_\_\_Business \_\_\_Residential \_\_\_Community  
\_\_\_Land Conservation: \_\_\_Other (describe: \_\_\_\_\_)

Project Description (use separate sheet if needed):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plot Plan Attached? Yes or No

Floor Plan Attached? Yes or No

Project Cost: \_\_\_\_\_

Project Details: (in feet or square feet)

Number of units	_____	Front Yard Setback	_____
Area of Lot	_____	Rear Yard Setback	_____
Minimum Lot Width	_____	Side Yard (right) Setback	_____
Frontage	_____	Side Yard (left) Setback	_____
Length of driveway	_____	Height of building	_____
Area of parking lot	_____	Area of building footprint	_____

Is the project within 500 feet of a Town Line ?Yes or No (circle one)  
If so, which Town(s)? \_\_\_\_\_

List the neighboring property owners:

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**APPLICANT'S SIGNATURE**

The applicant affirms that he/she is the owner or authorized agent for which the foregoing work is proposed to be done, and that he (she) is duly authorized to perform such work, and that all workers employed on this project are covered by contract or compensation insurance, and that all work will be performed in accordance with all existing State Laws and Local Ordinances.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**ZONING ENFORCEMENT DETERMINATION:**

Date: \_\_\_\_\_ Signature of ZEO: \_\_\_\_\_  
Printed Name of ZEO: \_\_\_\_\_

Permit has been: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Referred to Planning Board

Reasons for approval or denial or referral (This MUST be filled out):

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A request may be made, by the applicant or an authorized agent on behalf of the applicant, for a Variance to allow the proposed improvements to be made. Any such request is made to the Village of Cambridge Zoning Board of Appeals in writing and must be made within sixty-two (62) days.

Forms and instructions for a Variance request will be supplied, together with a copy of this Determination. Completed Variance applications are processed through the Zoning Enforcement Officer.