



TOWN OF MILAN

DUTCHESS COUNTY, NEW YORK
BUILDING/ZONING PERMIT APPLICATION

Location of Construction or Use _____ GRID Number _____
 Owner _____ Phone Number _____
 Mailing Address _____
 General Contractor _____ Phone Number _____
 Design Professional _____ Phone Number _____
 Plumbing/Heating Contractor _____ Phone Number _____
 Electrical Contractor _____ Phone Number _____
 Site Plan/Subdivision Name _____ Approved _____
 Estimated Cost of Construction _____ Use Classification _____ Type of Construction _____
 Zoning District _____ Lot Size _____ # of floors _____ Building Height _____
 Driveway Permit Approval _____ Town _____ County _____ State _____ Permit Number _____

PROPERTY SETBACKS

Number of Feet from FRONT LOT LINE to Structure _____ Number of Feet from REAR LOT LINE to Structure _____
 Number of Feet from RT SIDE LOT LINE to Structure _____ Number of Feet from LT SIDE LOT LINE to Structure _____
 Percentage of Lot Coverage _____

DESCRIPTION OF WORK

SIZE & SQUARE FOOTAGE OF CONSTRUCTION

One or Two Family Dwelling _____	Multi-Family _____
NYS Approved Modular _____	Commercial _____
Garage/Shed/Barn _____	Mixed Use _____
Attached or Detached	
Deck/Porch _____	Demolition _____
Addition/Renovation _____	Other _____

Owner agrees not to occupy the structure until a Certificate of Occupancy (CO) has been issued for same upon completion thereof and owner further agrees to comply with the provisions of the Building Code of the Town of Milan, The New York State Uniform Fire Prevention and Building Code, Town of Milan Zoning Ordinance and all other applicable regulations.

 Signature (Owner) _____ Date _____ Signature (Agent) _____ Date _____

Make Checks Payable to: Town of Milan

Total Square Footage of Construction Areas _____ Fee \$ _____ Date Received _____

Building Permit # _____ Building Inspector _____

Date

Approved _____ Denied _____ Expires _____