

Town of Newstead
5 Clarence Ctr Rd.
Akron, NY 14001
Tel: (716) 542-4574

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E-mail:

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Web Site: www.erie.gov/newstead

ZONING COMPLIANCE REQUEST



SBL#

for office use only

PERMIT NUMBER

Survey

Is this property in the

Wetlands

or

Floodplains

PARCEL LOCATION: _____

NAME OF OWNER: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

NAME OF APPLICANT: _____ **PHONE #:** _____

APPLICANT'S MAILING ADDRESS: _____

*Please check the box to indicate which level is being requested:

- A. Zoning Compliance Certificate:** Identifies the Zoning District in which a property is located, gives a general description of that Zoning District, and provides a determination as to whether the proposed use is permitted.
- B. Compliance Certificate Letter:** The information for the basic Zoning Compliance Certificate, plus the property's compliance with the applicable development standards and any current Zoning violations and non-conforming uses.

***NOTE:** The Town does not inform the primary point of contact or property owner about any changes affecting the development potential or status of the subject property after a zoning compliance certificate is issued.

Describe in sufficient detail the current use of the property:

FOR OFFICE USE ONLY:

PERMIT FEE

\$50

Cash_____ Check #_____ Credit _____
(Check payable to "Town of Newstead")

TOWN CLERK STAMP CASH OR CREDIT

A. Required for Zoning Compliance Certificate (i.e. shed < 144 sf)

- Completed Zoning Compliance Request
- Survey (A boundary and topographical survey, sealed by an Engineer or Surveyor)
- Additional information determined to be necessary by the CEO
- Application Fee as established by the Town of Newstead

B. Required for Zoning Compliance Letter

- Zoning Compliance Certificate Application
- Additional information determined to be necessary by the CEO
- Application Fee as established by the Town of Newstead

Signature: _____ Date: _____

Title: _____

DATE COMPLIANCE REQUEST WAS FULFILLED:

- MAILED _____ DATE
- EMAILED
- FAXED
- HAND DELIVERED _____ INITIAL