



TOWN OF MILAN

DUTCHESS COUNTY, NEW YORK

BUILDING/ZONING PERMIT APPLICATION



Location of Construction or Use _____ GRID Number _____
 Owner _____ Phone Number _____
 Mailing Address _____ Email 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 _____ # of bedrooms _____ 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 AND SQUARE FOOTAGE OF CONSTRUCTION

One or Two Family Dwelling _____ Multi-Family _____
 NYS Approved Modular _____ Commercial _____
 Garage/Shed/Barn _____ Attached or Detached _____ Mixed Use _____
 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 on _____