



City of Watertown Zoning Compliance Certificate APPLICATION FORM

City of Watertown, Planning and Community Development Dept.
245 Washington Street, Room 305, Watertown, NY 13601
Phone: 315-785-7740 Email: planning@watertown-ny.gov

Application #:

Received:

Please Note: Staff will make every effort to process this application in a timely manner. However, some applications may require significant site related and zoning ordinance research. Please allow up to seven (7) business days for review and processing.

PROPERTY INFORMATION (for lookup assistance, visit: <https://www.watertown-ny.gov/imo/search.aspx>):

PROPERTY ADDRESS: _____

TAX PARCEL NUMBER: _____ ZONING DISTRICT: _____

APPLICANT INFORMATION:

APPLICANT NAME: _____

APPLICANT MAILING ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

PROPERTY OWNER INFORMATION (if different from applicant):

PROPERTY OWNER NAME: _____

PROPERTY OWNER MAILING ADDRESS (if different from subject parcel): _____

PHONE NUMBER: _____ E-MAIL: _____

PROPOSED USE INFORMATION:

Please check the box that most accurately describes the proposal:

- | | | |
|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration |
| <input type="checkbox"/> Parking Lot | <input type="checkbox"/> New Use or Occupant | <input type="checkbox"/> Other _____ |

Proposed Use (describe fully):

PROPOSED DIMENSIONS (if built footprint will not change, list existing dimensions):

PARCEL FRONTAGE (FT.): _____ PARCEL AREA (SQ. FT.): _____ BUILDING DIMENSIONS: ____ FT. X ____ FT. = TOTAL (SQ. FT.) _____

NUMBER OF STORIES: _____ BUILDING HEIGHT (FT.): _____ SETBACKS (FT.) – FRONT: _____ REAR: _____ LEFT: _____ RIGHT: _____

PARKING:

EXISTING NUMBER OF SPACES: _____ PROPOSED NUMBER OF SPACES: _____

Asphalt Concrete Gravel Other _____

SQ. FT OF NEW IMPERVIOUS SURFACE _____

Application must include a proposed site diagram (to scale) that includes measurements (in feet) for all building edges and all setbacks. Surveys and site plans are acceptable as well. Please attach them to this form or use the space below to provide a plan view (aerial view) sketch that includes all measurements and dimensions. Please see attached example for guidance.

Applicant Signature: _____ ***Date:*** _____

Property Owner Signature (if different) _____ ***Date:*** _____



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For Planning and Community Development Department Use Only:

PROPERTY ADDRESS: _____

TAX PARCEL NUMBER: _____

ZONING DISTRICT: _____

PROPOSED USE: _____

In accordance with the Zoning Ordinance of the City of Watertown, New York, the proposed use is:

- CONFORMING NONCONFORMING

Please Note: If this review determines the proposal to be nonconforming, the applicant has the right to seek a Variance from the Zoning Board of Appeals (ZBA) granting relief from the Zoning Ordinance. The ZBA is an independent board and all Variance applications carry a burden of proof on the part of the applicant. Submitting an application does not guarantee that the ZBA will grant a Variance.

This certificate alone does not constitute permission to undertake construction, nor does it take the place of any and all other potential required permits. The proposed action would require, minimally, approval for each of the following:

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Building Permit | <input type="checkbox"/> Demolition Permit |
| <input type="checkbox"/> Use Variance | <input type="checkbox"/> Area Variance | <input type="checkbox"/> Special Use Permit |
| <input type="checkbox"/> Site Plan Review | <input type="checkbox"/> Waiver of Site Plan Approval | |

<p>Notes:</p> <hr/> <hr/> <hr/> <hr/>
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Application / Permit #: _____

Reviewed by: _____ Signature: _____

Approved/Denied by: _____ Date: _____