

TOWN OF LANSING  
29 Auburn Road  
Lansing, New York 14882

Phone 607-533-7054  
Fax 607-533-3507

TAX MAP # \_\_\_\_\_

Fee - \$50.00

DATE: \_\_\_\_\_

**ZONING PERMIT APPLICATION**

Applicant's Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone#: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_

Address of Project: \_\_\_\_\_  
Type of Zoning Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned applies for a Zoning permit as described, in accordance with all provisions of all Laws or Regulations of the Town of Lansing, New York, or others having jurisdiction, and affirms that all statements and information given above are correct to the best of his knowledge and belief, and hereby authorizes the Code Enforcement Officer of the Town Lansing, or his designee, to conduct on site inspections to ensure that the Zoning permit regulations are carried out in accordance with all applicable codes.

Owner's Signature: \_\_\_\_\_

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**(Office Use Only- Do Not Fill Out Below Dotted Line)**

CONDITIONS & PERMITS

VERIFIED OR ISSUED

Town Zoning \_\_\_\_\_

Received Permit Fee of: \$ \_\_\_\_\_

Zoning Permit # \_\_\_\_\_

Zoning Permit ( ) Approved ( ) Denied

Reason: \_\_\_\_\_

Appeal Action: Variance ( ) Granted  
( ) Denied

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_