

INCORPORATED VILLAGE OF BAYVILLE NEW YORK

BUILDING DEPARTMENT

34 SCHOOL STREET, BAYVILLE N.Y. 11709 Phone: (516) 628-1439 X121 BUILDINGDEPT@BAYVILLENY.GOV

FEE - \$150

REQUIREMENTS FOR APPLICATION FOR CHANGE OF USE PERMITS (Please read carefully. Incomplete applications will be rejected.)

Application for change of use permit shall be made on a form provided by the Building Inspector (see the attached application form). Each application must be accompanied by a completed short environmental assessment form (also attached).

Every application will be reviewed for compliance with the provisions of the Zoning Ordinance applicable to the proposed use and the zoning district in which the subject property is located. In order to enable this review, the following information is required to be submitted with the application:

- 1. A plot plan, drawn to scale and signed by the person responsible for such drawing, showing the manner in which the land is proposed to be used (including location of any buildings and all accessory uses, such as off-street parking);
- 2. A floor plan, drawn to scale and signed by the person responsible for such drawing, showing the manner in which all areas of the building or buildings are proposed to be used;
- 3. If there is not enough room on the application to provide an adequate description of the proposed use, a supplemental narrative should be provided.

Please be advised that all information must be submitted in duplicate. All revisions must likewise be submitted in duplicate. All drawings and plans must identify the property in question and the individual responsible for producing such drawing/plan. All drawings and plans must be dated and any revisions must also be noted and dated.

Once the Building Department has received a complete application, the proposal will be reviewed for compliance with all of the applicable provisions of the Zoning Ordinance.



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APPLICATION FOR CHANGE OF USE PERMIT

(Type or print neatly. Illegible applications will be rejected. Faxed copies will not be accepted.)

DRESS:		
PLICANT:		
PLICANT'S ADDRESS:		
PLICANT'S PHONE#: EMAIL A	ADDRESS:	
NER (If not applicant):		
EXISTING USE:		
PROPOSED USE (For mixed use buildings, check all that apply)		main)
RESIDENTIAL USES:	NON-RESIDENTIAL	USES:
Single Family Dwelling with Home Occupation	☐ Business/Office	☐ Retail
	☐ Medical Office	☐ Wholesale
	☐ Standard Restaurant	☐ Storage/Warehouse
	☐ Take-out Restaurant	☐ Automobile repair
	☐ Bar/Nightclub	☐ Automobile sales
	\square Laundromat	☐ Place of Worship
	☐ Other:	
DESCRIBE PROPOSED USE(S) IN DETAIL (For of employees anticipated, for Laundromats, the number of work bays as well as employees)	nber of washing machines	; for automobile
Applicant's signature		
PRINT NAME HERE:	Date	

For office use only