

TOWN OF JOHNSTOWN  
2753 STATE HWY 29  
JOHNSTOWN, NY 12095

Phone: 518-762-7346 Fax: 518-762-7072  
Cell: 518-571-0899  
buildings@townofjohnstown.org

ZONING PERMIT APPLICATION

SBL #: _____
FEES: _____
APPROVED ( ) DENIED ( )
CEO Signature _____

(Please Print)

APPLICANT INFORMATION:	
NAME _____	
MAILING ADDRESS _____	
CITY, STATE, ZIP CODE _____	
PHONE _____	EMAIL _____
PROJECT ADDRESS IF DIFFERENT _____	
APPLICANT SIGNATURE _____	DATE _____

PROJECT TYPE

- ( ) SIGNAGE DIMENSIONS \_\_\_\_\_
  - ( ) SHED/ACCESSORY BUILDING (84-17) BUILDING DIMENSIONS \_\_\_\_\_ ESTIMATED COST \_\_\_\_\_
  - ( ) WALL/FENCE (84-12) TOTAL FEET FENCE/WALL PROJECT \_\_\_\_\_ ESTIMATED COST \_\_\_\_\_
- PROJECT DESCRIPTION \_\_\_\_\_

\*\*\*MUST INCLUDE DETAILED DRAWING OF PROJECT\*\*\*

<b>SHED/ACCESSORY BUILDING (84-17)</b> <ul style="list-style-type: none"><li>1. No more than 3 total accessory buildings</li><li>2. No closer than 6' to rear lot line</li><li>3. No closer than 10' to primary residence</li><li>4. Cannot exceed 144 sq ft in size</li></ul>
--

<b>WALL/FENCE (84-12)</b> <ul style="list-style-type: none"><li>1. Shall not exceed 6' in height side/rear</li><li>2. Shall not be closer than 6" to lot line</li><li>3. Must not overhang any lot line</li><li>4. Must comply with visibility at street corners and right of ways</li><li>5. Finished side of wall/fence must face surrounding properties</li></ul>
--

CONTRACTOR NAME _____	PHONE _____
ADDRESS _____	
INSURANCE:	
LIABILITY INSURANCE _____	WORKERS COMP CARRIER _____
Is the Contractor Worker's Comp Exempt? If yes, *CE-200 form IS required*	
<b>CONTRACTOR RESPONSIBLE FOR PROVIDING PROOF OF INSURANCE COVERAGE</b>	