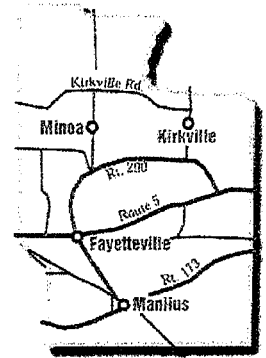


Town of Manlius

Planning and Development

Zoning Board Referral

212 McClennan Dr
Fayetteville NY 13066
Tax Map ID 085.-04-19.0



Applicant: C&C Remodeling John Coulter
Homeowner: Kristin Coulter

Build permit application cannot be approved as the project requires a variance.

1. Applicant needs a variance from chapter 155-8 for the addition of a 6' x ~~10'~~^{10'} x 23' mudroom. The applicant is requesting a side yard setback of 7 feet and will need a variance of 3 feet to provide relief from the required 10-foot side yard setback requirement.

A handwritten signature in black ink, appearing to read "Thomas Poitras".

Thomas Poitras
Zoning Officer
Town of Manlius

John Deer, Supervisor

Town Board - Sara Bollinger, Elaine Denton, Alissa Italiano, Katelyn Kriesel, William Nicholson, Heather Allison Waters,

301 Brooklea Drive • Fayetteville, NY 13066 • Telephone: (315) 637-8619 • Fax: (315) 637-0713
www.townofmanlius.org

EMAIL: FA John. Coulter@gmail.com

APPLICATION FOR BUILDING PERMIT

Department of Planning and Development

301 Brooklea Dr., Fayetteville, NY 13066
(315) 637-8619 Fax: (315) 637-0713

TOWN OF MANLIUS

Application is hereby made for the issuance of a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for work herein described. The applicant agrees to comply with all laws, ordinances, regulations and revisions of the municipality in which the Permit is requested.

LOCATION OF PROPOSED WORK (Street Address) Tax Map Number 085 04 19.0

212 McClellan Drive Fayetteville, NY 13066 Lot # 546

CONTRACTOR/AGENT-ADDRESS (Worker's Compensation Form Required)
C & C Remodeling
5100 Highbridge St Apt 31c Fayetteville, NY 13066 Phone # (315) 751-5859

OWNER/APPLICANT-NAME-ADDRESS (Home Owner's Form BP-1 Required)
Phone # _____

PROPOSED WORK, USE OR OCCUPANCY

addition alteration demolition garage new construction deck pool renewal sign
 storage/shed fireplace/wood stove other _____ Construction Cost \$ 9500.00

RESIDENTIAL-NEW STRUCTURE

of Bedrooms _____ # of Bathrooms _____ # of Fireplaces _____
Total Sq. Ft. w/o garage _____ Sq. Ft. of garage _____

RESIDENTIAL-EXISTING STRUCTURE

of rooms added: 1 Bedroom Family Room Bath Living Space
Other Mud Room Total Sq. Ft. added: 60 6x10

COMMERCIAL:

Name of Business: _____ Total Sq. Ft. of Project _____

All plumbing and sanitary systems to be inspected by Onondaga County Department of Health.
I hereby agree that no building is to be occupied or used in whole or in part for any purpose what so ever until a certificate of Occupancy or Compliance has been issued by the Code Enforcement Officer.
I hereby certify that the above information is true to the best of my knowledge. Permission is hereby granted to the Code Enforcement Officer or authorized representative upon showing proper credentials, to enter the above premises or buildings during reasonable working hours to discharge their duties.

Date: 7/16/2023 By: [Signature]

Owner Authorization Owner Authorized Agent

CODE ENFORCEMENT USE ONLY		
Occupancy Classification <u>20 20 10</u>	Planning Board _____	Rec'd by <u>B</u> Receipt No. <u>15016</u>
Zoning <u>R2</u>	Plans Review _____	Building Permit No. _____
Flood Plains _____ Wetlands _____	Date Application Rec'd _____	Set Backs _____
Contractors W/C Ins. _____	ZBA _____	Fee <u>105</u> Date Paid <u>7-18-23</u>
<input type="checkbox"/> Duplicate Set of Plans	<input type="checkbox"/> Survey and/or Site Plan	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	Date _____
Remarks <u>VARIANCE REQUIRED SEE REFERRAL</u> <u>7/21/2023</u>		
Signature of Codes Enforcement Officer		