



# Town Of Wilmington

## Zoning Board of Appeals

### Permit Application

☐ Area Variance ☐ Use Variance

#### Instructions:

All information requested by this application MUST be supplied, except where not applicable and so indicated.  
All applications must be accompanied by a sketch plan and preliminary plot as set forth in ARTICLE XI  
of the Land Use Code of the Town of Wilmington.

Approval of this application DOES NOT eliminate the necessity of obtaining a building permit and/or certificate  
of occupancy.

All applications must be accompanied by a \$20.00 application fee made payable to the "Town of Wilmington."

#### 1. APPLICANT INFORMATION

Name Wesley Gonyea  
Street Address 310 OAKER MT.  
City Wilmington State NY Zip Code 12997  
Telephone (518) 946-2570

#### 2. SUBJECT PROPERTY OWNER INFORMATION

Name Wesley Gonyea  
Street Address 310 OAKER MT.  
City Wilmington State NY Zip Code 12997

#### 3. LOCATION OF SUBJECT PROPERTY

Street Address 310 OAKER MT.

#### 4. LAND USE DISTRICT IN WHICH THE PROPERTY IS LOCATED

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

#### 5. DESCRIBE TYPE AND EXTENT OF PROPOSED USE

Build A CAR PORT  
\_\_\_\_\_  
\_\_\_\_\_

#### 6. CONTACT INFORMATION

A. Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_  
☐ ARCHITECT ☐ DESIGNER ☐ ENGINEER ☐ FRANCHISOR ☐ SURVEYOR

B. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
☐ ARCHITECT    ☐ DESIGNER    ☒ ENGINEER    ☐ FRANCHISOR    ☐ SURVEYOR

C. Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_  
☐ ARCHITECT    ☐ DESIGNER    ☐ ENGINEER    ☐ FRANCHISOR    ☐ SURVEYOR

**7. PRESENT USE OF PROPERTY**

Residence

**8. PRESENT USE OF ALL IMMEDIATELY ABUTTING PROPERTIES**

Residence

**9. Indicate the type, kind, construction, alteration or additions to all buildings contemplated, including accessory structures. NOTE: The applicant is cautioned that an approval of this application shall pertain ONLY to buildings specifically set forth in this application.**

CAR PORT  
WOOD CONSTRUCTION

**10. GENERAL DESCRIPTION OF TOPOGRAPHY AND IMPROVEMENTS, including buildings of abutting lands:**

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

**11. ROAD FRONTAGE OF ABUTTING ROADS (Indicate if public or private.)**

400 FT    PUBLIC

**12. Height and number of stories of all buildings, alterations or additions when completed, and parking facilities to be provided**

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

13. PUBLIC SERVICES AVAILABLE

yes

14. PROVISIONS TO BE MADE FOR WATER, SEWAGE, ETC., IN ADDITION TO AVAILABLE SERVICES ABOVE

none

15. If subject property is a mobile home park or campground, applicant must furnish detailed information indicating compliance with the Town of Wilmington land use code under separate cover.

☐ MOBILE HOME PARK ☐ CAMPGROUND ☐ NOT APPLICABLE

16. If Sections 239-L and 239-M of the General Municipal Law of the State of New York are applicable, indicate date of approval by the Essex County Planning Board: \_\_\_\_/\_\_\_\_/\_\_\_\_

17. If there is prior approval of the State of New York, County of Essex, Town of Wilmington, or any agency, department, or representative state in the land use code of the Town of Wilmington, or as otherwise set forth herein, the applicant shall so indicate:

A. Government unit involved \_\_\_\_\_

B. Regulation or requirement involved \_\_\_\_\_

C. Date of approval \_\_\_\_/\_\_\_\_/\_\_\_\_

18. IF MULTIPLE DWELLINGS ARE CONTEMPLATED, INDICATE PROJECTED DENSITY PER ACRE

19. ESTIMATED STARTING AND COMPLETION DATES OF WORK TO BE PERFORMED

20. ADDRESS TO WHICH THE DECISION ON THIS APPLICATION SHOULD BE MAILED

21. APPLICANT SIGNATURE Wesley W. Singer DATE 3-12-23

*The following to be completed by the Zoning Board of Appeals*

Date application received \_\_\_\_\_ Date of Public Hearing \_\_\_\_\_ Date of Decision \_\_\_\_\_

DECISION: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ APPROVED WITH CONDITIONS \_\_\_\_\_ (below)

CONDITIONS (if any)

SIGNATURE OF ZBA CHAIRPERSON \_\_\_\_\_ DATE \_\_\_\_\_

**PLANNING BOARD RECOMMENDATIONS**

**DATE FORWARDED TO TOWN PLANNING BOARD** \_\_\_\_\_

**DATE RECOMMENDATION RECEIVED FROM PLANNING BOARD** \_\_\_\_\_

**SYNOPSIS OF RECOMMENDATIONS**

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

*The following to be completed by the codes enforcement officer*

**DATE(S) OF INSPECTION BY CODES ENFORCEMENT OFFICER** \_\_\_\_\_

**REMARKS** \_\_\_\_\_

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

**SIGNATURE OF CEO** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DATE FILED WITH TOWN CLERK** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SIGNATURE OF TOWN CLERK** \_\_\_\_\_