



IRONDEQUOIT *New York*

Change of Occupancy / Use Application

Change in Occupancy/Use: _____ to _____
(Former use/business) (New use/business)

Business Location: _____
(Street Address)

(City, State, Zip)

Zoning District: _____

Business Owner Contact: _____
(Business Owner Name, Street Address, City, State, Zip)

(Phone) (E-mail)

Property Owner Contact: _____
(if different) (Property Owner Name Street Address, City, State, Zip)

(Phone) (E-mail)

Description of new occupancy/use and proposed hours of operation:

(Please answer all of the following questions.)	Yes	No
Is the proposed use/business permitted within the zoning district?	<input type="checkbox"/>	<input type="checkbox"/>
Is a permit for construction required? (If yes, a separate building permit application and fee(s) must be submitted to the Building Dept.)	<input type="checkbox"/>	<input type="checkbox"/>
Does the proposed business/use require any town, county, state or federal license(s) to operate? (If yes, Town requires a copy of license and signed Affidavit of Compliance and Good Standing.)	<input type="checkbox"/>	<input type="checkbox"/>

Applicant Name (Print)

Applicant Signature

Date

Required With Application
_____ Copy of site plan/survey instrument
_____ Scaled floor plan(s)

Office Use Only
Approved by: _____
Date: _____