CONSTRUCTION PERMIT APPLICATION: GRADING/FILL

BUILDING, CODE, PLANNING, & ZONING DEPARTMENT

10 Elm St, Trumansburg NY 14886 • 607-387-5767 • permits@townofulyssesny.gov

This is not a Permit:
No work is authorized until your application has been reviewed and you have received a permit.

INSTRUCTIONS: Complete form and include any applicable attachments. Incomplete applications will not be accepted.

Submit PDFs applications (preferred) to permits@townofulyssesny.gov. Applications can also be submitted at the Town Hall in person or mailed.

APPLICATION CHECKLIST:

☐ Completed application form
☐ Site plan: A map of the entire parcel including the following details:
- ☐ Locations of the proposed work sites
- ☐ All existing structures (buildings, sheds, wells, septic tank, driveways & paved areas)
- ☐ All areas of environmental concern (streams, wetlands, Unique Natural Areas)

OFFICE USE ONLY: PERMIT #:		*FEE:*		*CHECK #:*	
CONTACT INFORMATION					
APPLICANT					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
OWNER					
ADDRESS					
CITY		STATE		ZIP	
PHONE		EMAIL			
PRIMARY	☐APPLICANT ☐OWNER ☐OTHER, PLEASE SPECIFY BELOW				
NAME					
PHONE		EMAIL			

PROJECT SITE INFORMATION			
PROJECT SITE ADDRESS			
PARCEL NO(S)			
SITE WORK FOR PROJECT TYPE	☐ Single-Family Residence ☐ Duplex	☐ Multi-Family Residence ☐ Accessory Dwelling Unit	☐ Commercial ☐ Industrial
IF APPLICABLE	☐ Land Use Project # _____		

DESCRIPTION OF SITE WORK

Fill in all quantities of work below, as applicable:

FENCE IN ROW	FT IN HEIGHT
DRIVEWAY APRON / CURB CUT	FT WIDE
ASPHALT /CONCRETE PAVING	SF
RETAINING WALL / ROCKERY	LF
RETAINING WALL / ROCKERY OVER 4FT IN HEIGHT	FT TOTAL HEIGHT
CLEARING / GRADING / FILL / EXCAVATE	CY
CUT / BORE IN PAVEMENT (PARALLEL)	LY
CUT / BORE IN PAVEMENT (NON-PARALLEL)	LF
POLE WORK / AERIAL / OVERLASH	LF

DRAINAGE MITIGATION QUESTIONS

PROPOSED STORMWATER DISCHARGE TO :

TRIGGERED REQUIREMENTS

☐ MS-4

QUANTITY OF PROPOSED HARD SURFACES

Proposed Roof Area	SF
Proposed Hardscape	SF
Total New + Replaced	SF

ADDITIONAL DESCRIPTIONS (AS NEEDED):

Authorization: I am the owner or am authorized by the owner to sign and submit this application. I certify under penalty of perjury of the laws of the State of New York that the information on this application and all information submitted herewith is true, complete, and correct.

SIGNATURE		DATE
PRINT NAME		
CITY, STATE		

Office Use Only	
Zoning Approval	
Building Approval	