

**VILLAGE OF MARCELLUS**  
**CODE ENFORCEMENT OFFICE**

6 Slocombe Avenue | Marcellus, NY 13108

Phone: (315) 673-3112

codes@villageofmarcellus.com

**DRIVEWAY/ PARKING AREA PERMIT**  
**APPLICATION PROCEDURE**

- A) Complete all applicable sections of the Driveway/ Parking Area Permit Application.
- B) Sign and date the bottom of the application.
- C) Submit the following required items with your completed application:  
(Some may not be applicable to your project)
- Copy of your property survey
  - A complete plan and description of the project including all dimensions
  - Contractor Insurance Certificates with Village of Marcellus as certificate holder:
    - General Contractor's Liability Insurance Certificate
    - General Contractor's Workman's Compensation Insurance Certificate or exemption  
(Form C-105.2, GSI-105.2, U-26.3, CE-200, SI-12 or BP-1)
- D) Typical applications take 3-5 days to review.
- E) Length of validity. Permits shall be valid for 12 months from date of issue. An extension may be granted, provided that such an application shall be made in writing prior to the end of the first year and good cause is shown. An extension request may require review by the Zoning Board of Appeals.
- F) Call 811 Before You Dig! You must call for a location request at least two working days but not more than 10 working days before any excavation starts.
- G) The applicant shall be responsible for:
1. Calling 811 before bringing heavy equipment on site or excavating.
  2. Erosion, runoff, and siltation control measures in accordance with New York State guidelines.
  3. Dust, mud, and debris control on public highways.
  4. Reclamation of village property including suitable replacement of ground cover, topsoil and seeding.
  5. The entire cost of reclamation should agents of the Village be required to complete said reclamation.

**VILLAGE OF MARCELLUS**

6 Slocombe Avenue, Marcellus, NY 13108  
(315) 673-3112 / Fax: (315) 673-3217

**DRIVEWAY / PARKING AREA PERMIT APPLICATION**

All applicable sections of this application must be completed - incomplete applications will be returned.

**Project Address:** 8 Paul St., Marcellus, NY 13108 Tax Map No. 004 .- 02 - 54.1 Zoning: RC  
**Property Owner:** 8 Paul Street LLC Day Time Phone: \_\_\_\_\_  
**Owner Address:** 60 E. Main St., Marcellus, NY 13108 E-mail: afarwagi@christopher-community.org

The undersigned hereby makes application for the following driveway project (check all that apply):

- resurface/ replace    enlarge    relocate    new driveway/ parking area (where one does not exist)

Has planning board approval been obtained for this project? Y / N / NA   Has a SWPPP been prepared?  / N / NA (underway)

Construction of 69 parking spaces in lieu of 90 code required parking spaces under Zoning Law Article XIV, section 250-58 (21 space deficiency). Refer to parking data chart on drawing L3.00.

**Contractor:** TBD   **Contact Person:** \_\_\_\_\_  
**Address:** \_\_\_\_\_   **Phone:** \_\_\_\_\_

**Applicant Certification:** I hereby certify that this application is true and correct to the best of my knowledge. That all work performed under any resulting permit will comply with the requirements of the Village of Marcellus Code and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

**Inspections Required:** I understand I am responsible to ensure that any erosion, runoff and siltation control measures are in place and maintained and that in no case shall work commence until such measures have been approved by the the Code Official. The permit fee will be doubled if work is started without an approved permit.

**Consent to Enter Property:** By signing this application I agree to allow representatives of the Village access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

**SIGNATURE OF OWNER OF PREMISES:**     **DATE:** 1/18/22

**Official Use Only**

Application No.:	Date Completed:	Fee:
Date Approved:	Approved By:	FMV:
Date Denied:	Denied By:	Date Notified:
Reason Denied:		