TOWN OF VOLNEY

1445 County Route # 6, Fulton, NY 13069
Department of Code Enforcement

Phone (315) 598-3803
Fax (315) 598-3803

APPLICATION FOR BUILDING PERMIT

(This upper section for office use only)

DATE SUBMITTED: ________________ **PERMIT #** ____________

TAX MAP # ________________________

DATE APPROVED: __________ **APPROVED BY:** _______

DATE DENIED: ________ **REASON:** __________________

FEE: $ ____________ **ZONING DIST:** ________

Application is hereby made to the Code Enforcement Officer for the issuance of a building permit pursuant to all applicable codes, ordinances, and laws regulating the government erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion and change in the nature of the occupancy of any building or structure within the boundaries of the Town of Volney, at the below listed location.

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ADDRESS OF PROPERTY: ____

PROPERTY OWNER: ______________________________ **PHONE:** ______________

MAILING ADDRESS: ____

NATURE OF WORK:

DESCRIBE PROPOSED USE AND SIZE OF THE NATURE OF WORK CHECKED ABOVE:

ESTIMATED VALUE OF ALL WORK, MATERIALS AND LABOR FOR PROPOSED PROJECT:

$ ____________

The below signed applicant has read the instructions for application for the building permit and the instructions contained therein, and to the best of his/her knowledge the information given and accompanying this application for a building permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations, that all statements contained on this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in plans and specification filed therewith.

______________________________ ______________________________

PRINT NAME & DATE **SIGNATURE OF APPLICANT**