TOWN OF FRANKFORT

APPLICATION FOR BUILDING AND ZONING PERMIT

CODES DEPARTMENT

894-0922

PERMIT NO. _____

DATE _____ 20 _____ C/O NO. _____

ATTACH PLOT PLAN & ANY BUILDING, ADDITIONS, OR ALTERATIONS PLAN FOR REVEIWED. FLOOR PLANS OF THE ESTABLEMENT IS REQUIRED

Application is hereby made to the Codes Department for the issuance of a Building and Zoning Permit pursuant to the N.Y.S. Uniform Fire Prevention & Building Code for the construction of buildings, additions or alterations. as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and also will allow all inspectors to enter the premises for the required inspections.

Applicant's Name: _____
Address: _____
_____
Phone: _____
Property Owner's Name: _____
Property Address: _____
_____ **Zip** _____
Tax Map Number: _____
Existing Use of Property: _____
Explain Proposed Use: _____
_____
_____
Contractor's Name: _____
Address: _____
_____
Phone: _____
Name of Compensation or General Liability Carrier & Policy # _____
_____

Zoning District _____
Lot Size _____ **Area** _____
Existing Building Size _____
New Building Size _____
Estimated Cost $ _____
Public Floor Area _____
Private Floor Area _____

NEW BUILDING YARDS:
Front Yard Depth _____ **Feet**
Right Side Yard Width _____ **Feet**
Left Side Yard Width _____ **Feet**
Rear Yard Depth _____ **Feet**
Bldg. Height _____ **Feet** _____ **Stories**

Bldg. Permit Fee	**$**	_____
Plumbing Fee	**$**	_____
Certificate of Compliance Fee	**$**	_____
Certificate of Occupancy Fee	**$**	_____
TOTAL FEE	**$**	_____

NOTE: Inspections by Codes Department are required at the following schedule.(*You must call for Inspections.*)

1. Footings before pouring concrete.
2. Foundation inspection before back fill.
3. Plumbing, heating, framing and Electrical Inspections before any closing in of the framework.
4. Insulation inspection.
5. When all work is completed, final inspection is required by Sewer, Electrical and the Codes Department.

NO OCCUPANCY OF THE BUILDING IS PERMITTED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY THE CODES DEPARTMENT.

NOTE: THIS BUILDING PERMIT IF FOR RESIDENTIAL OR COMMERCIAL WORK EXPIRES ONE (1) YEAR FROM DATE ISSUED.

_____ _____
Signature of Owner , Applicant or Agent **Printed or Typed Copy of Signature**

The application of _____ **dated** _____ **20**_____
is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and / or accessory structure set forth above. Reason for refusal of permit
_____

Dated _____ **20**_____ _____
Codes Department Officer

Data Sheet

Number of Stories _____ First Floor _____ Second Floor _____

Number of Rooms _____ Number of Exist _____ Maximum Occupancy Load _____

Number of Kitchens _____ No. Grills _____ No. Fryers _____ No. Stove _____

Fire Suppression System Type _____ Hood Size _____

Fire Load: Combustible Fire Rate _____ Flammability Rate _____

Basement Type _____ Finished Basement _____Yes _____No

Number of Baths _____ Urinals _____ Toilets _____ Sinks _____

Sewage Disposal _____ Septic _____ Sewer

Water Supply _____ Public Water _____ Well

Heating System _____ Electric _____ Oil _____ Gas _____ Wood

_____ Forced Air _____ Heat Pump _____ Baseboard

_____ Other, explain _____

Central Air _____ Yes _____ No Number of Fireplaces _____

Size of Decks _____ Porches _____ Storage Shed ____ Yes ____ No

Swimming Pool In-ground _____ Above-ground _____ Deck Size _____

*** MUST ACCOMPANY APPLICATION ***

1) ATTACH PLOT PLAN & ANY BUILDING, ADDITIONS, OR ALTERATIONS PLAN FOR REVIEWED

2) FLOOR PLANS AND HANDICAP ACCESSIBILITY OF THE ESTABLISHMENT IS REQUIRED

3) DETAIL OPERATIONS PERFORMED ON-SITE AND THE NUMBER OF EMPLOYEES