BUILDING DEPARTMENT
of the
Village of Clifton Springs
(315) 462-6224 Ext. 4

PERMIT #_____

APPLICATION FOR BUILDING PERMIT

CALL 811 BEFORE YOU DIG

DATE _____

APPLICATION

Application is hereby made for a Building Permit in compliance with the New York State Building Code for the construction of buildings, additions or alterations, or for removal or demolition as herein described.

The applicant agrees to comply with all applicable laws, ordinances and regulations; and will complete the proposed work in one year or apply for a Permit Renewal.

APPLICANT: Name (Sign) _____

Address _____ Phone _____

OWNER: Name (Sign) _____

Address _____ Phone _____

Parcel _____

TYPE PROJECT: (Underline One) New Building, Addition, Sign, Remodeling, Demolition, Pool, Chimney, Woodburning Stove, Fence, Roof, Windows, Deck, Hot Tub, Generator.

LOCATION:

Road _____ House No. _____

Subdivision _____ Lot No. _____ Zone _____

Structure (IS) (IS NOT) located in flood plain.

LOT SIZE:

Front _____ N _____ ft. E _____ ft. S _____ ft. W _____ ft.

Set Back: _____ ft from front lot line

_____ ft. from rear lot line

Side Lines: _____ ft from N☐ E☐ S☐ W☐ side line

_____ ft. from N☐ E☐ S☐ W☐ side line

DIMENSIONS OF BUILDING:

Front _____ Rear _____ Depth _____ Variations _____

Height _____ ft. Stories _____ **ESTIMATED COST:** _____

_____

Area: Main (Over Foundation) _____ Sq. ft.

Accessory: _____

Intended Use: _____

FOR OFFICIAL USE ONLY

Permit to do the construction work described in the foregoing application is hereby granted subject to the conditions in said application and the laws and ordinances pertaining thereto. Permit is issued and subject to the New York State Building Code.

This permit is also granted subject to and by reason of the following conditions, exceptions and reasons:

_____

_____

INSPECTION REQUIRED — CALL 24 HOURS IN ADVANCE FOR INSPECTIONS

( ) Footing: _____
( ) Foundation: _____
( ) Framing: _____
( ) Plumbing: _____
( ) Sanitary System: _____
( ) Water Service: _____
( ) Chimney: _____
( ) Insulation: _____
( ) Electrical Approval: _____
( ) Certificate of Occupancy: _____
( ) Certificate of Compliance: _____

Permit Fee: _____ Approved by: _____
Zoning Officer Date