



BUILDING DEPARTMENT

525 Belmont Avenue • Buffalo, New York 14223

Phone (716) 877-8801 • Fax (716)871-8845

PERMIT APPLICATION

APPLICATION DATE: _____

BUILDING CLASSIFICATION: RESIDENTIAL ☐ COMMERCIAL ☐ MULTI-FAMILY ☐ OTHER ☐

PERMIT TYPE: BUILDING ☐ ELECTRICAL ☐ PLUMBING ☐ SOLAR ☐ FIRE PROTECTION ☐ OTHER ☐

DESCRIPTION OF PROJECT: _____

PROJECT ADDRESS: _____ OWNERS PHONE #: _____

PROPERTY OWNER NAME: _____ EMAIL: _____

PROPERTY OWNER ADDRESS: _____

CONTRACTOR: _____ CONTACT NAME: _____

CONTRACTOR PHONE #: _____ EMAIL: _____

LIST OF SUBCONTRACTORS:

- PLUMBING: _____
- ELECTRICAL: _____
- SITE WORK: _____
- OTHER: _____

ARCHITECT/DESIGNER: _____

ARCHITECT PHONE #: _____ EMAIL: _____

ESTIMATED VALUE OF PROJECT (MINUS PLUMBING & ELECTRICAL): \$ _____

- APPLICANT IS RESPONSIBLE FOR SCHEDULING REQUIRED INSPECTIONS – PLEASE GIVE 24 HOURS ADVANCE NOTICE MIN.
- ALL WORK SHALL BE PERFORMED IN ACCORDANCE WITH THE APPLICABLE VERSION OF THE NYS UNIFORM FIRE PREVENTION AND BUILDING CODE.
- ALL CONTRACTORS & SUBCONTRACTORS SHALL MAINTAIN A CURRENT LICENSE WITH THE TOWN OF TONAWANDA BUILDING DEPARTMENT.
- THE TOWN OF TONAWANDA WILL NOT PICK UP ANY CONSTRUCTION DEBRIS GENERATED BY CONTRACTORS IN CONNECTION WITH ANY WORK AT THIS LOCATION. PERMIT HOLDER IS REQUIRED TO LEGALLY DISPOSE OF ALL DEBRIS.
- APPLICANT AND/OR CONTRACTOR IS RESPONSIBLE FOR CONTACTING NYS DEPT. OF LABOR REGARDING ASBESTOS REGULATIONS AT 716-847-7126.
- APPLICANT AND/OR CONTRACTOR IS RESPONSIBLE FOR CONTACTING UNDERGROUND PRIOR TO EXCAVATING AT WWW.DIGSAFELYNEWYORK.COM OR 1-800-962-7962.

APPLICANT HEREBY AFFIRMS THAT THEY ARE THE CURRENT RESIDENT OWNER AND/OR IS A REPRESENTATIVE OF THE RESIDENT OWNER AND AGREES THAT ALL WORK PERFORMED UNDER THIS APPLICATION SHALL BE IN ACCORDANCE WITH ALL APPLICABLE CODES, REGULATIONS AND MANUFACTURER'S INSTALLATION INSTRUCTIONS. APPLICANT HEREBY AUTHORIZES THE CODE ENFORCEMENT OFFICER, HIS DEPUTY OR ASSISTANTS ENTRANCE TO THE PREMISES LISTED HEREIN AT ANY REASONABLE TIME TO PERFORM ALL REQUIRED INSPECTIONS OF THE PERMITTED WORK.

APPLICANT SIGNATURE: _____ DATE: _____

PLANS REVIEWED BY:	PLANS APPROVED:
PERMIT NUMBER:	PERMIT FEES: \$