Town of Ogden Building Department
269 Ogden Center Road Spencerport, NY 14559
Phone: 585-617-6195

RESIDENTIAL
BUILDING PERMIT APPLICATION

Site Address_____ Date_____

Owner Name _____ Phone_____

Owner Address_____ Email_____

Contractor*_____ Phone_____

Contractor Email_____

Contractor Address_____

Contractor MUST provide updated Liability and Workers Comp Insurance

Permit Information: Circle or Check one of the following:

Accessory Structure	Demolition	Garage- Attached	Hot Tub	Porch- Covered	Sewer Repair
Addition	Fence	Gazebo	Pool- Above Ground	Porch- Enclosed	Shed up to 200ft^2
Deck	Fireplace	Generator	Pool- In Ground	3 Season Room	S.F.D.- New
Deck (Pool)	Floodplain	Grade & Fill	Pool Barrier	Remodel	OTHER

Value* of Construction: $_____
*The cost of the improvement, including the value of donated material or labor, or the total contractor cost.

Description of work: _____

_____

Is this property in any regulated flood zone or wet land? (circle one) YES NO

S.F.D./Addition/Renovation: 1st floor ft^2_____ 2nd floor ft^2_____ Total ft^2 _____ Lot #_____

Accessory Structure sq. ft _____ X _____ Total: _____

Note: All work must conform with NYS Dept of Labor for removal or abatement of asbestos

A building permit expires **12 months** from the date of permit issuance. **Life Safety – pools, pool decks, furnaces, etc. expire at 3 months.** Application is hereby made to the building office for the issuance of a building/plumbing permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions or alterations, or the removal or demolition as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application (which are part of these requirements), and also will allow all inspectors to enter the premises for the required inspections.

_____ Applicant Name (please print clearly)

_____ Contractor Name (please print clearly)

_____ Applicant Signature

_____ Contractor Signature