TOWN OF GREECE

TECHNICAL SERVICES DEPARTMENT

1 VINCE TOFANY BOULEVARD, GREECE, NEW YORK 14612-5016
www.greeceny.gov

Building Services
(585)723-2443
BuildingDepartment@greeceny.gov

Commercial Building Permit Application

Date: _____

Project/Site Information

Address/Location of Project _____

Name of Project _____ Construction Type: _____ Sprinklered? ☐ Yes ☐ No

Property Owner Information

Name _____
Address _____
City, State, Zip _____
Phone # _____
Email _____

Tenant Information

Name _____
Address _____
City, State, Zip _____
Phone # _____
Email _____

Contractor Information

Company Name _____
Contact Name _____
Address _____
City, State, Zip _____
Phone # _____
Email _____

Architect/Engineer Information

Company Name _____
Contact Name _____
Phone # _____
Email _____

Registered Plumber Information

Company Name _____
Plumber Name _____
Signature _____

Construction Cost $ _____

Project Information:

***Tenant Name: From** _____ **to** _____ **Classification:** _____

☐ Accessory Structure ☐ Addition ☐ Interior Renovation ☐ New Construction ☐ Plumbing ☐ Tenant Change
☐ Other_____ **Stories** _____ **Total Sq Ft.** _____

Project Description:

_____

_____

_____

_____

_____

_____

PLEASE NOTE: *An electronic copy of all building plans **MUST** be submitted in addition to a building permit application & 3 sets of plans/specifications. Please submit via one of the following mediums: usb flash drive or via email at **BuildingDepartment@greeceny.gov***

A building permit expires **12 months** from the date of permit issuance. **Life safety – pools, pool decks, furnaces, etc. expire at 3 months.** I hereby certify that all work related to this application will be performed in accordance with all applicable town and state laws and codes pertaining to building construction, and demolition and the information submitted and contained herein is accurate and correct. I further certify that I am the owner or an authorized agent of the property owner listed in this application and have authority to make application for work to be performed and will allow all town inspectors to enter the premises for the required inspections.

Applicant's Name (Printed) _____ *Applicant's Signature* _____

For Official Use

Approval For Permit Issuance

Approved By: _____ Approval Date: _____ Zoning Classification: _____
Called for Pickup: ☐ Owner ☐ Contractor
Permit Fee: $_____

****FOR OFFICE USE ONLY****
COMMERCIAL BUILDING/PLUMBING PERMIT Fee Calculation
TOWN OF GREECE

Date: _____
Initials: _____

PERMIT TYPE:
☐ New Building ☐ Addition ☐ Renovation

Total Square Feet _____

Value of Construction:
Square Footage x Value from Building Valuation Table

Reported Value $ _____

Building Fee:

$90,000 & up	Value $ _____ x .009	Total: $
$50,000 - $89,000	$700	Total: $
$30,000 - $49,000	$500	Total: $
$10,000 - $29,999	$300	Total: $
$0 - $9,999	$150	Total: $
C of O Fee	$100	Total: $
Storm Drainage Fee	Per 5,000 sq. ft: $500	Total: $
Town Sanitary Sewer Fee		Total: $
County Sewer Fee	$350	Total: $
Commercial Application Fee	Value $ _____x .005 + $100	Total: $
Re-Review Fee		Total: $
Miscellaneous Fee (see notes for explanation of charges)		Total: $
Roofing Fee	Sq. ft. _____ x $0.05	Total: $

TOTAL FEE CHARGED: **Total: $ _____**

NOTES/ANY MODIFICATIONS INCLUDING FEE WAIVERS:

_____

_____

_____

_____

Approval Signature _____ *Date* _____