CITY OF JOHNSTOWN
Code Enforcement Office
244 North Perry Street
Johnstown, New York 12095
(518) 736-4076

- OFFICE USE ONLY -
Approved: _____/_____/_____ Receipt #_____
Permit #: _____, 20____ Fee Paid: _____
Signature: _____

ADDRESS

NAME

TYPE

MULTIPLE DWELLING - APPLICATION / PERMIT

Application is hereby made for a Multiple Dwelling Permit pursuant to New York State Uniform Fire Prevention and Building Code for construction of building, additions, alteration, removal or demolition as herein described. Applicant agrees to comply with all applicable laws, ordinances, and regulations as follows:

The applicant shall notify the Code Enforcement Office of any changes in the information contained in the application during the period for which the permit is in effect. A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code.

APPLICANT / OWNER INFORMATION		
Name		Phone:
Company	Email	
Address	State	Zip

PROPERTY INFORMATION
Location of property to be inspected:
Number of Units _____ x $20.00 per unit = _____
*Additional fees may apply for additional inspections when needed or if corrections are not made.

APPLICANT CERTIFICATION:

I hereby certify that I have read the instructions and examined this application and known the same to be true and correct. All provision of Laws and Ordinances covering this type of work will be completed with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating construction or the performance of construction.

_____Date:_____

PERMIT APPROVAL - CODE ENFORCEMENT OFFICE (CEO) USE ONLY

Permit Issued? YES ☐ NO ☐ Fee charged: _____

Code Permit #: _____ Tax Map #: _____

CEO Signature: _____ Date: ____/____/_____

INSPECTIONS:

Date: ____/____/_____ Type: _____ Approved: YES ☐ NO ☐ CEO Initials: _____

Date: ____/____/_____ Type: _____ Approved: YES ☐ NO ☐ CEO Initials: _____

Date: ____/____/_____ Type: _____ Approved: YES ☐ NO ☐ CEO Initials: _____