TOWN OF FRANKFORT

APPLICATION FOR BUILDING AND ZONING PERMIT

CODES DEPARTMENT

894-0922

PERMIT NO. _____

DATE _____ 20_____ C/O NO. _____

Application is hereby made to the Codes Department for the issuance of a Building and Zoning Permit pursuant to the N.Y.S. Uniform Fire Prevention & Building Code for the construction of buildings, additions or alterations. as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and also will allow all inspectors to enter the premises for the required inspections.

Applicant's Name: _____
Address: _____
_____
Phone: _____
Email: _____
Property Owner's Name: _____
Property Address: _____
_____ **Zip** _____
Tax Map Number: _____
Existing Use of Property: _____
Explain Proposed Use: _____
_____
_____
Contractor's Name: _____
Address: _____
_____
Phone: _____
Name of Compensation or General Liability Carrier & Policy # _____
_____

Zoning District _____
Lot Size _____ **Area** _____

Existing Building Size _____
New Building Size _____
Deck Size _____
Estimated Cost $ _____
Floor Area _____

NEW BUILDING YARDS:
Front Yard Depth _____ **Feet**
Right Side Yard Width _____ **Feet**
Left Side Yard Width _____ **Feet**
Rear Yard Depth _____ **Feet**
Bldg. Height _____ **Feet** _____ **Stories**

Bldg. Permit Fee	**$**	_____
Deck Fee	**$**	_____
Plumbing Fee	**$**	_____
Septic System Fee	**$**	_____
TOTAL FEE	**$**	_____

NOTE: Inspections by Codes Department are required at the following schedule.(*You must call for Inspections.*)

1. Footings before pouring concrete.
2. Foundation inspection before back fill.
3. Plumbing, heating, framing and Electrical Inspections before any closing of the framework.
4. Insulation inspection.
5. When all work is completed, final inspections are required Electrical Inspector, Blower Door Cert., Plumbing and Walk through by Codes Department

NO OCCUPANCY OF THE BUILDING IS PERMITTED WITHOUT A CERTIFICATE OF OCCUPANCY ISSUED BY THE CODES DEPARTMENT.

NOTE: THIS BUILDING PERMIT IF FOR RESIDENTIAL OR COMMERCIAL WORK EXPIRES ONE (1) YEAR FROM DATE ISSUED.

_____ _____
Signature of Owner , Applicant or Agent **Printed or Typed Copy of Signature**

The application of _____ **dated** _____ **20**_____
is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and / or accessory structure set forth above.
Reason for refusal of permit _____
_____

Dated _____ **20**_____ _____
Codes Department Officer

Data Sheet

Number of Stories _____ First Floor _____ Second Floor _____

Number of Rooms _____ Number of Exist ____ Maximum Occupancy Load____

Number of Kitchens _____

Basement Type _____ Finished Basement_____

Number of Baths _____ Toilets _____ Sinks _____

Sewage Disposal _____ Septic _____ Sewer

Water Supply _____ Public Water _____Agreement Letter for Service

_____ Well _____ gal per Minute _____ Test Certification

Heating System _____ Electric _____ Oil _____ Gas _____ Wood

____ Force Air ____ Boiler

____ Other Explain _____

Central Air _____ Number of Fireplaces _____

Size of: Decks _____ Porches _____ Storage Shed _____

Swimming Pools Sizes _____ In-ground _____ Above-ground _____ Deck

***** MUST ACCOMPANY APPLICATION*****

1. **ATTACH PLOT PLAN AND ANY BUILDING, ADDITIONS OR ALTERATIONS**
2. **FLOOR PLANS AND HANDICAP ACCESSIBILITY OF THE ESTABLISHMENT IS REQUIRED**