Albert Brooks Sr.
Code Enforcement Officer
Phone: (518) 654-9232 ext 6
Fax #: (518) 654-7751
Email: bldgdept@townofcorinthny.gov

Town of Corinth
Building Dept
600 Palmer Ave
Corinth NY, 12822

Permit #_____
Issued Date_____
Expiration Date_____

Building Permit Renewal Application

ALL CONSTRUCTION TO BE IN COMPLIANCE WITH "NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE" AND "TOWN OF CORINTH ORDINANCE."

APPLICANT INFORMATION
Name _____ Organization _____
Address _____ City_____ State _____ Zip Code _____
Phone #_____ Ext. _____ Email Address _____

PROPERTY OWNER INFORMATION
Name/Company _____
Address _____ City_____ State _____ Zip Code _____
Phone #_____ Ext. _____ Email Address _____

CONSTRUCTION LOCATION
Address _____ City_____ State _____ Zip Code _____
Tax Map No. _____ Estimated Cost of Project $_____

IF APPICABLE, NOTE ANY CHANGES MADE TO ORGINALLY SUBMITTED PLANS
_____
_____

UPDATED CONTRACTOR INFORMATION (Is the Contractor the Applicant? ____ If yes, skip this section)
Name _____ Position _____ Organization _____
Address _____ City_____ State _____ Zip Code _____
Phone #_____ Ext. _____ Email Address _____

UPDATED SUBCONTRACTOR(S) INFORMATION
NAME, ADDRESS, PHONE # & EMAIL ADDRESS (if needed, attach a list)
_____
_____

IMPORTANT NOTES

- All permits must be posted in full view of a public right of way on location where construction is taking place.
- Updated Homeowners Insurance Binder and/or Contractor's Liability and Disability Certificate of Insurance Required.
- Renewal Application fee is $40.00. Checks can be made out to "Town of Corinth".

I swear to the best of my knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the BUILDING CODE, the TOWN ORDINANCE, and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

SIGNATURE _____ **DATE**_____
Property Owner or Owner's Agent

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

Permit Granted/Denied Building Permit Fee $_____ Sewer Permit Fee $_____ Other Fees $_____
Reason for Denial _____

SIGNATURE _____ **DATE**_____
Town of Corinth Building Inspector