The Village of Waterford
Phone/Fax: 518-235-9898
65 Broad St ~ Waterford ~ New York ~ 12188

Application for Building and Zoning Permit

Date _____ 20_____ Permit No. _____

APPLICATION IS HEREBY MADE to the Building and Zoning Inspectors for the issuance of a Building and Zoning Permit pursuant to the NYS Uniform Fire Prevention & Building Code for the construction of buildings, additions or alterations or for removal or demolition as herein described. The Applicant or Owner agrees to comply with all applicable laws, ordinances regulations and all conditions expressed on the back of this application which are part of these requirements and also will allow all inspectors to enter the premises for the required inspections.

NOTE: **READ INSTRUCTIONS ON REVERSE SIDE**

Applicants Name _____

Applicants Address _____

_____

Property Owner's Name _____
Owner Address

_____

Phone _____
Property Address/ Location of Proposed Construction

_____

_____

Existing Use of Property _____

_____

_____

Proposed Use Explanation _____

_____

_____

Name of Compensation or General Liability Carrier and Policy Number:

_____

_____

Zoning District _____

Lot Size _____ Area: _____

Existing Building Size:

Dimensions _____Sq Feet _____ Cu Ft

New Building Size:

Dimensions _____Sq Feet _____Cu Ft

NEW BUILDING YARDS: Zoning Set Backs
Fill In Plot Diagram on Back

Front Yard Depth _____ Feet
Right Side Yard Depth _____ Feet
Left Side Yard Depth _____ Feet
Rear Yard Depth _____ Feet
Building Height _____ Feet
Number of Stories _____

Estimated Cost $_____

Application Fee: $ _____

NOTE: Inspections by Building Department are required at the following schedule
(YOU MUST CALL FOR INSPECTION APPOINTMENT)

1: **FOOTINGS:** Before pouring concrete
2: **FOUNDATIONS**: Before backfill
3:**FRAMING**: Submit Surveyor's location of foundation to Building Department for ZONING APPROVAL before framing is started
4: **PLUMBING, HEATING, FRAMING** and **ELECTRICAL**: Inspections before any closing in of the framework
5: **INSULATION**: Before closing in of the framework
6: **WHEN ALL WORK IS COMPLETED**: Final inspection is required by Sewer, Water, Electrical and Building Departments

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NO OCCUPANCY of Building is permitted without a Certificate of Occupancy issued by the Building Department

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The Application of _____ dated _____ is hereby ***APPROVED / ****DENIED** and permission **GRANTED / REFUSED** for the construction or alteration of building and/or accessory structures as set forth above.

Dated: _____

_____
Zoning Inspector

** Reasons for **DENIAL** of Permit _____

_____

_____

_____

_____

NOTE **THIS BUILDING PERMIT FOR RESIDENTIAL WORK EXPIRES ONE YEAR FROM DATE ISSUED**

_____
Signature of Owner, Applicant or Agent

_____
Printed or Typed Copy of Signature

_____
Date