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

One- & Two-Family Residence Building Permit Application

Date: _____

Project/Site Information

Lot# _____ Address _____

City, State, Zip _____

Subdivision: _____Section: _____

For Official Use

Zoning Classification

☐ R1-E ☐ R1-18 ☐ RS
☐ R1-10 ☐ R1-44 ☐ RP

Property Owner Information

Name _____

Address _____

City, State, Zip _____

Phone # _____

Email _____

Contractor Information

Company Name _____

Contact Name _____

Address _____

City, State, Zip _____

Phone # _____

Email _____

Registered Plumber Information

Company Name _____

Plumber Name _____

Plumber Signature _____

Architect/Engineer Information

Company Name _____

Contact Name _____

Required Documentation

☐ Instrument Survey Map
☐ 2 Sets of Plans & 1 Electronic (buildingdepartment@greeceny.gov)
☐ Highway Permits
☐ Contractor Insurance (Liability & Workers Comp.)
☐ Res. Check
☐ Plot Plan
☐ Heat Loss

Construction Cost **$** _____

Project Description: **1st floor sq.ft.** _____ **2nd floor sq.ft.** _____ **Bonus sq.ft.** _____ **Total sq.ft.** _____

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* _____

☐ House $_____
☐ C of O $_____
☐ Recreation $_____
☐ Storm Sewer $_____
☐ Town Sewer $_____
☐ County Sewer $_____
☐ Overlay District $_____

For Official Use

Approval For Permit Issuance

Approved By: _____ Approval Date: _____
Called for Pickup: ☐ Owner ☐ Contractor

Permit Fee: $_____