



APPLICATION FOR BUILDING PERMIT

Cell-Tower / Antennas

(This upper section for office use only)

DATE SUBMITTED: _____ PERMIT # _____

TAX MAP # _____

DATE APPROVED: _____ APPROVED BY: _____

DATE DENIED: _____ REASON: _____

FEE: \$ _____ ZONING DIST: _____

Non-Building Permit FEE: \$ _____

Application is hereby made to the Code Enforcement Officer for the issuance of a building permit pursuant to all applicable codes, ordinances, and laws regulating the government erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion and change in the nature of the occupancy of any building or structure within the boundaries of the Town of Volney, at the below listed location.

ADDRESS OF PROPERTY: _____

PROPERTY OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

NATURE OF WORK: New Antennas ☐ How Many? ____ Replace Antennas ☐ How Many? ____

DESCRIBE PROPOSED USE AND SIZE OF THE NATURE OF WORK CHECKED ABOVE:

ESTIMATED VALUE OF ALL WORK, MATERIALS AND LABOR FOR PROPOSED PROJECT:

\$ _____

The below signed applicant has read the instructions for application for the building permit and the instructions contained therein, and to the best of his/her knowledge the information given and accompanying this application for a building permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations, that all statements contained on this application are true to the best of his/her knowledge and belief and that the work will be performed in the manner set forth in the application and in plans and specification filed therewith.

PRINT NAME & DATE

SIGNATURE OF APPLICANT



CONTRACTOR INFORMATION FORM (MUST BE FILLED OUT)

TYPE OF CONTRACTOR: _____

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR PHONE #: _____

CONTACT PERSON: _____

PROOF OF WORKERS COMPENSATION CERTIFICATE: **MUST FAX OR BRING IN WITH APPLICATION**

PROOF OF LIABILITY POLICY: **MUST FAX OR BRING IN WITH APPLICATION**

POLICY EXPIRATION DATE: _____

INSTALLER'S LICENSE CERTIFICATE: _____

NAME OF ELECTRICAL CONTRACTOR: _____

NAME OF ELECTRICAL INSPECTION AGENCY: _____

NAME OF PLUMBING CONTRACTOR: _____

ALL SHEETS TO PACKET MUST BE "COMPLETED IN FULL" BEFORE PERMIT CAN BE ISSUED.

FAILURE TO DO SO MAY CAUSE A DELAY IN THE ISSUANCE OF THE PERMIT.