

VILLAGE OF GREEN ISLAND, N.Y. BUILDING INSPECTION DEPT. PERMIT NO. _____

Tele: 273-2201 _____ DATE ISSUED _____

PERMIT TYPE: BUILDING ☐ BARRICADE ☐ DEMOLITION ☐ WORK ADDRESS _____	
APPROVAL DATES: PLANNING BMD _____ ZONING BMD _____ HEALTH DEPT _____ NONE REQ'D ☐	
OWNER _____	CONTRACTOR _____
ADDRESS _____	ADDRESS _____
TELEPHONE _____	TELEPHONE _____
DOCUMENTS SUBMITTED:	
PLANS & SPECS ☐ WORKERS COMP ☐	ESTIMATED COST _____
PLOT PLAN ☐ DISABILITY INSUR ☐	PERMIT FEE _____
INSURANCE EXPIRATION DATE _____	DATE PAID _____
	CASH ☐ CHECK NO. _____
BUILDING PERMIT:	
TYPE OF CONSTRUCTION: NEW ☐ ADDITION ☐ ALTERATION ☐ REPAIRS ☐ OTHER _____	
BARRICADE/DEMOLITION PERMIT:	
EXCAVATION OR BUILDING SIZE: _____	
NOTES: _____ _____ _____ _____	
APPLICANT CERTIFICATION	
I certify that in the performance of the work for which this permit is issued, I shall not employ any person without covering that person or persons with Worker's Compensation and DBL, required by the State of New York and filed with the Division of Buildings, Village of Green Island, New York. Also, to file with the Division of Buildings, a Certificate of Insurance showing proof of liability and property damage with the Village of Green Island named as the insured. I further certify that I am the owner, or the authorized representative of the owner, or the contractor for the owner; and that I agree to comply with all Village Codes and Ordinances of the Village of Green Island. I also certify that the Estimated Cost is a true statement and that I take this statement under the penalty of perjury. APPLICANT SIGNATURE _____ DATE _____	

APPROVAL DATE _____

VILLAGE BUILDING INSPECTOR _____

