

BUILDING DEPARTMENT
of the
VILLAGE OF SHORTSVILLE
289-6104 FAX: 289-2002

PERMIT # _____

APPLICATION FOR BUILDING PERMIT

DATE _____

APPLICATION

Application is hereby made for a Building Permit in compliance with the New York State Building Code for the construction of buildings, additions or alterations, or for removal or demolition as herein described.

The applicant agrees to comply with all applicable laws, ordinances and regulations; and will complete the proposed work in one year or apply for a Permit Renewal.

APPLICANT: Name [Sign] _____

Address _____ Phone _____

OWNER: Name _____

Address _____ Phone _____

Parcel No. _____

TYPE PROJECT: [Underline One] New building, addition, sign, remodeling, removal, demolition, pool,
chimney, woodburning stove

LOCATION:

Road _____ House No. _____

Subdivision _____ Lot No. _____ Zone _____

Structure [IS] [IS NOT] located in flood plain.

LOT SIZE:

Front _____ ft. N _____ ft. E _____ ft. S _____ ft. W _____ ft.

Set back: _____ ft. from front lot line
_____ ft. from rear lot line

Side lines: _____ ft. from N E S W side line
_____ ft. from N E S W side line

DIMENSIONS OF BUILDING:

Front _____ Rear _____ Depth _____ Variations _____

Height _____ ft. Stories _____ ESTIMATED COST: _____

Area: Main [Over Foundation] _____ Sq. Ft.

Accessory: _____

Intended Use: _____

_____ FOR OFFICIAL USE ONLY _____

Permit to do the construction work described in the forgoing application is hereby granted subject to the conditions in said application and the laws and ordinances pertaining thereto. Permit is issued and subject to the New York State Building Code.

This permit is also granted subject to and by reason of the following conditions, exceptions and reasons:

INSPECTIONS REQUIRED	_____	CALL 24 HOURS IN ADVANCE FOR INSPECTIONS
<input type="checkbox"/> Footing:	_____	<input type="checkbox"/> Water Service: _____
<input type="checkbox"/> Foundation:	_____	<input type="checkbox"/> Chimney: _____
<input type="checkbox"/> Framing:	_____	<input type="checkbox"/> Insulation: _____
<input type="checkbox"/> Plumbing:	_____	<input type="checkbox"/> Electrical Approval: _____
<input type="checkbox"/> Sanitary System:	_____	<input type="checkbox"/> Certificate of Occupancy: _____

Permit Fee: _____ Approved by: _____ Zoning Officer _____ DATE _____