

TOWN OF CLARENDON

Code Enforcement

16385 Church Street, Clarendon, NY 14429

Office (585) 638- 6371 Fax (585) 638- 7220

APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT.

PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE.

Permit Address Site _____ Date _____
 Architect _____ Tax Map # _____
 Owner _____ Phone (H) _____ (W) _____
 Owner Address _____ City _____ State _____ Zip _____
 Contractor _____ Phone _____ Fax _____
 Contractor Address _____ State _____ Zip Code _____

Permit Type:

- Single Family Dwelling
- Foundation
- Remodel
- Addition
- Attached Garage
- Detached Garage
- Covered Porch
- Enclosed Porch
- Deck
- Gazebo
- Shed
- Masonry Fireplace
- Wood Stove
- Above Ground Pool
- In-ground Pool
- Boiler
- Furnace
- Gas Insert
- Gas Fireplace
- Demolition
- Other _____

Accessory Structure Sq. Ft. _____ x _____ Total Sq. Ft. _____

Addition 1st Fl. Sq. Ft. _____ 2nd Fl. Sq. Ft. _____ Total Sq. Ft. _____

S. F. D. 1st. Fl. Sq. Ft. _____ 2nd Fl. Sq. Ft. _____ Total Sq. Ft. _____

Value of Construction \$ _____

A building permit expires 12 months from the date of permit issuance.

Application is hereby made to the building office for the issuance of a building permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions or alterations, or the removal or demolition as herein described. The applicant and/or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application (which are part of these requirements), and also will allow all inspectors to enter the premises for the required inspections.

Applicant Name (Please Print Clearly) _____

Applicant Signature _____

Contractor Name (Please Print Clearly) _____

Contractor Signature _____

(For office use only)

Fees Complete permit package check list Permit review

Planning Board _____	Instrument Survey Map _____	Reviewed By _____
Zoning Board _____	2 sets of Plans _____	Date Reviewed _____
Highway Permits _____	FEMA _____	
County Planning _____	Contractor Insurance Liability & Comp. _____	
Res. Check _____	Overlay Dist. _____	
Water Tap Fee _____		
Total Fees \$ _____	Other _____	