

Village of Palmyra
144/149 E. Main St.
Palmyra, N.Y., 14522
Tel. (585) 278-4938

Building Permit Application

REQUIREMENTS:

- A. Please complete entire application and submit to the Building Inspector for approval.
- B. Application is hereby made for a building permit in conformity with zoning ordinance of the Village of Palmyra, the International Fire Prevention and Building Code and any amendments thereto.
- C. A complete set of accurately dimensioned building plans complete with the energy code and roof truss certifications stamped by an architect or licensed engineer shall accompany this application.
- D. No work shall commence before the building permit is issued. No building shall be occupied in whole or in part until the Building Department has issued a Certificate of Occupancy.
- E. Contractor must provide proof of General Liability, Workers' Compensation/Liability and NYS Disability insurance.

Date: _____ Zone: _____ Permit# _____

Estimated Cost: _____ Tax ID #: _____ - _____ - _____

Property Owner: _____ Lot Size(acres): _____

Address: _____ Phone #: _____

Builder: _____ Phone #: _____

Address: _____

Location of Project: _____

GENERAL DESCRIPTION OF WORK/INTENDED USE: _____

PERMIT TYPE:

Residential: Single family _____ Duplex _____ Multi-family (3+units) _____ In-law _____

Commercial: _____ Industrial: _____ Other (describe): _____

NATURE OF WORK:

New construction_____ Addition_____ Remodel_____ Accessory structure_____

Change of use_____ Other (describe)_____

WORK SPECIFICATIONS:

Residential Primary Structure: Number of units_____ Width_____ Depth_____

Total height_____ No. of stories_____ Bedrooms_____ Bathrooms_____

Sq. ft. of living area_____ Sq. ft. garage_____

Renovation/alteration (describe work)_____

Will roof or floor trusses be used? Roof: Yes/No Floor: Yes/No (please circle)

Will attic/basement be finished or used as living space? Attic: Yes/No Bsmt: Yes/No

Residential Accessory Structure:

Pole Barn: Width_____ Depth_____ Height_____

Detached Garage: Width_____ Depth_____ Height_____

Shed: Width_____ Depth_____ Height_____

Fence: Height_____ Length_____ Type/Style_____

Deck: Overall Dimensions:_____ X _____ Sq. ft._____

Pool: Above-ground_____ In-ground_____ Dimensions_____ Hot tub_____ Gallons_____

Woodstove/furnace/fireplace:_____ Other:_____

MANUFACTURED HOME INSTALLATION:

Park Name:_____ Lot No.:_____

Year of Unit:_____ Make/Model:_____

Length_____ Width_____ Bedrooms_____ Bathrooms_____

(Provide proposed lot layout with distances to adjacent units, plus letter of permission from park owner.)

COMMERCIAL/INDUSTRIAL:

Total square footage_____ Width_____ Length_____ Height_____

Construction type (circle one): 1A 1B 2A 2B 3A 3B 4A 4B 5A 5B

Sprinkler system proposed? Yes/No Will trusses be used? Roof: Yes/No Floor: Yes/No

Provide detailed breakdown of uses within the building:

<u>Description of Use</u>	<u>NYS Bldg. Code Use Group</u>	<u>Square Footage</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ADDITIONAL INFORMATION:

Special Use Permit Required/In Effect: No_____ Yes_____ Permit No._____

Zoning Variance Required/Granted: No_____ Yes_____ Date Granted_____

Please draw a rough sketch of existing structures and property setbacks on all sides, or provide a separate plot plan.

The undersigned represents and agrees as a condition of this permit that the structure will be constructed in accordance with the zoning ordinance and all other applicable laws of the Village of Palmyra, the International Fire Prevention and Building Code and the plans annexed hereto, and grants the Village of Palmyra Code Enforcement Department the right to make all required inspections.

THIS PERMIT SHALL EXPIRE 1 YEAR FROM THE DATE OF ISSUE.

AS PER RESOLUTION NO. 18 (92) DEVELOPER CHARGES THE TOWN BOARD RESOLVED THAT ANY ASSOCIATED CHARGES SHALL BE CHARGED BACK TO THE DEVELOPER.

SIGNATURE OWNER / BUILDER / APPLICANT

DATE

BUILDING/ZONING OFFICER

DATE

PERMIT FEES

PERMIT: _____

ESCROW: _____

RECREATION: _____

WATER: _____

SEWER: _____

OTHER: _____

TOTAL: _____

Ins. Cert./Waiver on File: _____