

Clifton Springs, NY
Phone (315) 462-6224

BUILDING DEPARTMENT
of the
TOWN OF MANCHESTER
(585) 289-3010
Email: *sdehond@manchesterny.org*

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 (Sign) _____
Address _____ Phone _____
Parcel No. _____

TYPE PROJECT: (Underline One) New building, addition, sign, remodeling, shed, deck, demolition, pool, roof

LOCATION:

Road _____ House No. _____
Subdivision _____ Lot No. _____ Zone _____
Structure (IS) (IS NOT) located in flood plain. Occupancy Classification _____

LOT SIZE:

Front _____ N _____ ft. E _____ ft. S _____ ft. W _____ ft.
Set Back: _____ feet from front lot line
_____ feet from rear lot line
Side Lines _____ ft. from N E S W

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:

INSPECTION REQUIRED

CALL 24 HOURS IN ADVANCE FOR INSPECTIONS

- | | |
|--------------------------------|--------------------------------------|
| () Footing: _____ | () Roof: _____ |
| () Foundation: _____ | () Chimney: _____ |
| () Framing: _____ | () Water Service: _____ |
| () Electrical Approval: _____ | () Septic System: _____ |
| () Plumbing: _____ | () Certificate of Occupancy: _____ |
| () Insulation: _____ | () Certificate of Compliance: _____ |

Permit Fee: _____ Perk Test Fee: _____
Septic Fee: _____ Chimney Inspection Fee: _____

Total: _____ Approved by: _____
Zoning Officer Date

\$150.00 Security Deposit Received: _____
Zoning Officer Date