VILLAGE OF LEWISTON BUILDING PERMIT

Date:	Tax/SBL#:		Permit #:	
Owner's Name:		Zoning District:		
Owner's Phone:		Comme	rcial or Residential (circle one)	
Address:				
Owner's Email Address:_				
Total Estimated Cost:	Estimate	ed date of completion	1:	
Contractor:	Email:			
Contractor address:		Phone:		
Type of construction:				
Village of Lewiston Zoning La	k State Uniform Fire Prevention and Buil ws shall be complied with in connection rtied require a certificate of approval by ne property.	with this operation whe	ther specified or not. Note:	
Any previous variances g	ranted? If yes for what and when:	<u>; </u>		
HPC Approval Date:	Planning Approval Date:	:ZBA	Approval Date:	
Notes:				
Village of Lewiston Ordin governing construction in	s that the plans and specifications ances and agrees that all work and the Village of Lewiston and the la G FACILITIES The undersigned also	d materials shall be in aws of the State of N	n strict conformity with laws ew York.	
infrastructure (i.e. curbin	g, roadway, storm drainage) to the Occupancy/Compliance.			
145 N 4th Street, Lewist	Compensation, Liability and Disabi con, NY 14092. Or submit NY CE-2 /requestExemptionOverview.jsp)			
The undersigned certifies his/her knowledge.	s that all information submitted fo	r this application is tr	rue and correct to the best of	
Applicant Signature:		Phone		
Plans Approved:				
Ruilding Inspector Signati	ure.	Date:	Fee·	