Village of Camillus
37 Main Street, Camillus, NY 13031
Phone: (315) 672-3483, Fax: (315) 672-5323
Email: codes@villageofcamillus-ny.gov

Permit Extension Application

All applicable sections of this application must be completed or the application will be returned.

OFFICE USE ONLY	
Permit Number:	Date Received:
Approved By:	Date Approved:
Date Notified:	Extension Fee: $
Denied By:	Date Denied:
Reason Denied:	

PROPERTY LOCATION & OWNER

PROPERTY ADDRESS			TAX MAP NO. _____.-_____-_____
PROPERTY OWNER	ADDRESS ☐ Same as above		OWNER PHONE
CITY	STATE	ZIP	OWNER EMAIL

APPLICANT ☐ Same as above

NAME			RELATIONSHIP TO OWNER
ADDRESS			PHONE
CITY	STATE	ZIP	EMAIL

PROJECT DETAILS

PERMIT TYPE	ORIGINAL PERMIT NUMBER	ORIGINAL ISSUE DATE

PROJECT DESCRIPTION

DESCRIPTION OF WORK TO BE COMPLETED

APPROXIMATE AMOUNT OF TIME NEEDED TO COMPLETE PROJECT

CONTRACTOR

COMPANY NAME	ADDRESS
CONTACT NAME	PHONE

APPLICANT CERTIFICATION

All information on this permit application is accurate to the best of my knowledge.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

SIGN HERE | PRINT NAME | DATE