

APPLICATION FOR RESIDENTIAL /COMMERCIAL BUILDING PERMIT

Town/Village of East Rochester Building Department

317 Main Street

East Rochester, NY 14445

(585) 385-3513 (office) (585) 419-8284 (fax)

Permit Address Site _____ Date _____ Tax map number _____

OWNER INFORMATION

CONTRACTOR INFORMATION

ENGINEER/ARCHITECT INFORMATION

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

City/State/Zip _____

Phone _____

Phone _____

Phone _____

E-mail: _____

E-mail: _____

E-mail: _____

BUILDING PERMIT TYPE: (circle one) **(C - Commercial/ R - Residential)**

New Construction/R	Addition/R	Remodel/R	Fence Shed	Pool/Hot Tub	Deck	Roof	Driveway	Sign	Sewer
New Construction/C	Addition/C	Remodel/C	Demolition	Wood stove	Gas stove	Retaining Wall	Other _____		

PROPOSED DIMENSIONS _____ length _____ width _____ height _____ sq. footage

Attach stamped drawings for any proposal of structural and/or habitable space

COST OF CONSTRUCTION \$ _____

DESCRIBE (IN DETAIL) WORK TO BE COMPLETED

Application is hereby made to the Building Department for the issuance of a building permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions, alterations, or the removal or demolition as herein described or the erection or installation of an accessory structure subject to Village zoning laws only. The applicant 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 will also allow inspectors to enter the premises for the required inspections until such date that the permit expires.

ENGINEERING FEES INCURRED IN RELATION TO THIS APPLICATION ARE THE RESPONSIBILITY OF THE APPLICANT.

Applicant's Name (please print clearly)

Applicant's Signature

Date

Contractor's Name & Company (please print clearly)

Contractor's Signature

Date

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(OFFICE USE ONLY)

Complete permit checklist

Instrument Survey Map _____
Contractor Ins. (Liab/WC/dis) _____
Proposal rendering/photo _____
Contractor Estimate _____
Manufacturer Specs. _____
3 Sets of stamped plans _____
Res Check _____
MCDPD _____
MCHD _____

Permit Review

Review by _____
Date Reviewed _____
Planning Approval _____
Zoning Approval _____
EPOD _____
DEC _____
Flood Zone _____

Fees

Base Fee _____
Square footage _____
C/O fee _____
Sewer Connection _____
MC Pure Waters _____
Engineering _____

TOTAL FEES \$ _____