

APPLICATION FOR **BUILDING & ZONING** PERMIT

Town of North Harmony Code Enforcement Department

5350 Stow Rd

Ashville, NY 14710

Phone: (716) 789-3445

Fax: (716) 789-9308

codeenforcement@townofnorthharmony.com



PLEASE COMPLETE ALL REQUIRED INFORMATION

(Incomplete applications cannot be processed)

PROJECT LOCATION:

Street Address: _____

Tax Map No.: _____ Section: _____ Block: _____ Lot: _____

APPLICANT INFORMATION:

APPLICANT: _____ Phone: _____

Mailing Address: _____ Cell: _____

City _____ State: _____ Zip: _____ Email: _____

OWNER: _____ Phone: _____

Mailing Address: _____ Cell: _____

City _____ State: _____ Zip: _____ Email: _____

CONTRACTOR: _____ Phone: _____

Contact Name _____ Fax: _____

Mailing Address: _____ Cell: _____

City _____ State: _____ Zip: _____ Email: _____

Contractor must supply a copy of Liability Insurance and Workers Compensation at time of application

PROPOSED WORK

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> New Building | <input type="checkbox"/> Addition | <input type="checkbox"/> Alteration | <input type="checkbox"/> Dry Rot Repair |
| <input type="checkbox"/> Fire Sprinklers | <input type="checkbox"/> Move Building | <input type="checkbox"/> Foundation Repair | <input type="checkbox"/> Repair/Retrofit |
| <input type="checkbox"/> Fire Repair | <input type="checkbox"/> Chimney Repair | <input type="checkbox"/> Shed | <input type="checkbox"/> Other _____ |

DESCRIPTION OF BUILDING PROJECT

- | | | |
|--|---|--|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Duplex | <input type="checkbox"/> Apartment House |
| <input type="checkbox"/> Condominium | <input type="checkbox"/> Motel / Hotel | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Professional Office | <input type="checkbox"/> Industrial | <input type="checkbox"/> Local |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Accessory Building | <input type="checkbox"/> Mobile / Manufactured |
| <input type="checkbox"/> Attached Garage | <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Deck / Porch |
| <input type="checkbox"/> Town House | <input type="checkbox"/> Other _____ | |

Detailed Description of the Proposed Work: _____

Square Footage: _____ sq. ft. Length: _____ ft Width: _____ ft Height: _____ ft Stories: _____

TOTAL ESTIMATED COST OF PROJECT: \$ _____

PROPERTY INFORMATION

Lot Size (sq ft) _____ Lot Dim. (Front/Side/Rear) _____/_____/_____

Set Backs: **Front** _____ **Rear** _____ **Left** _____ **Right** _____

*******ADDITIONAL PERMITS MY BE REQUIRED*******

NOTICE TO APPLICANT: (Refer to the General Information for Building Applicants for more information)

- *Please submit with this notarized application, two copies of plot plan and/or building plans (stamped w/seal) and SEQRA if applicable.
- *Inspections are required upon completion of work. (Refer to Inspections for Building and Renovation for more information)
- * Responsibility of the applicant to contact the Highway Superintendent at (716) 499-2055 if a Right of Way permit is required.

DECLARATION

Under penalty of perjury, I swear that to the best of my knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be completed on the described premises and that all provisions of the NYS Building Codes and the Town of North Harmony Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or information relating to the applicant's zoning district has been reviewed.

Signature of Property Owner: _____ Date: _____

The foregoing statement was acknowledged before me
this _____ day of _____, 20____
by _____

Notary Public

OFFICIAL USE ONLY

Received: _____	Fee Collected: \$ _____	Cash _____	Check #: _____
Approved: _____	Denied: _____		
Permit Number: _____	Variance Required: Yes _____ No _____		
Expires: _____	Special Use Permit: Yes _____ No _____		
Zoning District: _____			
Code Enforcement Officer Signature: _____	Date: _____		