



a town for a lifetime
IRONDEQUOIT *New York*

BUILDING PERMIT APPLICATION

Application Date _____

Property Type: Residential Non-Residential

PROJECT ADDRESS

APPLICANT/CONTACT PERSON INFORMATION: (Property owner is the applicant.)

Name _____ Cell Phone _____

E-mail _____ Other Phone _____

PROPERTY OWNER INFORMATION:

Name _____ Cell Phone _____

E-mail _____ Other Phone _____

CONTRACTOR: (check if not applicable)

Name _____ Cell Phone _____

E-mail _____ Other Phone _____

Company Address _____

DESIGN PROFESSIONAL INFORMATION: (check if not applicable)

Company Name & Address _____

Contact Name _____ Phone _____

E-mail _____ Cell Phone _____

TYPE OF WORK (check all that apply):

New Construction Remodeling Addition Demo Sign Fence/Accessory

Proposed Dimensions / Total SF: _____ / _____ Proposed Height (feet): _____

Estimated Construction Cost (including installation costs): _____

Does the project include plumbing work? No Yes (Plumbing Permit Required)

Does the project include sprinklers, alarms or other Fire Marshal approval? No Yes (Fire Marshal Permit Required)



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DESCRIPTION OF WORK (Full Scope of Work):

PERMISSION TO ACCESS THE PROPERTY:

I do agree and consent to allow the Town of Irondequoit to inspect the property in its entirety as part of the Town's requirements for issuance of a Certificate of Occupancy and/or a Certificate of Compliance. Inspection permission includes all construction inspections required with the permit, any and all necessary re-inspections, and any audit inspections, until such time as a Certificate of Occupancy or Certificate of Compliance is issued.

THIRD PARTY ELECTRICAL INSPECTIONS:

If the project requires a third party electrical inspection, proof of final inspection must be provided to the Town before Certificate of Occupancy or Certificate of Compliance can be issued.

Applicant Signature

Date

(For Office Use Only)

Included with Application:

- Instrument Survey Map (Required)
- Construction Plans (____ Check here if N/A.)
One (1) stamped set; one (1) digital file
- Contractor Insurances (if applicable)

Application #: _____

Application Approved: Yes No

Initials: _____

Date: _____