

# Town of Marshall, New York

## APPLICATION FOR BUILDING PERMIT

2651 State Route 12B Deansboro, N.Y. 13328

Phone # 315-841-4473

Building Permit # \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

TAX PARCEL NUMBER \_\_\_\_\_ Can be found in the Codes or Clerks Office

Application is hereby made for the issuance to the undersigned of a building permit to erect, relocate, or alter, as to the outside dimensions, a building located at give Street #, Name, Side and Distance from nearest cross street.

**THE ACTUAL DIMENSIONS AND ANGLES OF THE LOT AND THE EXACT SIZE AND LOCATION ON THE PARCEL OF THE EXISTING AND PROPOSED BUILDING ARE AS SHOWN ON THE SKETCH APPEARING ON THE BACK HEREOF.**

NATURE OF WORK: \*\*\*\*\*ESTIMATE OF COST \$ \_\_\_\_\_

NEW BUILDING \_\_\_\_\_ ADDITION \_\_\_\_\_ ALTERATION \_\_\_\_\_

POOL \_\_\_\_\_ DEMOLITION\* \_\_\_\_\_ SEPTIC \_\_\_\_\_ OTHER \_\_\_\_\_

**\*DEMOLITION PERMITS ARE REQUIRED TO HAVE ASBESTOS SURVEY PRIOR TO ISSUANCE**

**LIST PROPOSED USE, OCCUPANY AND PURPOSES OF SAID BUILDING:**

**THE BUILDINGS NOW ON THE LOT ARE USED FOR THE FOLLOWING PURPOSES:**

**OWNER OF PROPERTY:**

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

PROPOSED STRUCTURE DIMENSIONS: LENGTH \_\_\_\_\_ WIDTH \_\_\_\_\_

HEIGHT TO PEAK \_\_\_\_\_ NUMBER OF STORIES \_\_\_\_\_

SQUARE FEET OF PROPOSED STRUCTURE \_\_\_\_\_

SQUARE FEET OF EXISTING STRUCTURE \_\_\_\_\_

NAME OF CONTRACTOR \_\_\_\_\_ Phone# \_\_\_\_\_

ADDRESS \_\_\_\_\_

### **Important**

A Drawing must be submitted with each Building Permit Application. Sketch on the reverse side and show Dimensions and Angles of Lot, Locate clearly all buildings, whether existing or proposed and show Street Names and indicate Distances on all sides from Property lines to Building. Indicate Septic and Well locations. If this section is not completed correctly application may be delayed for additional information. If you have questions please call for help 315-527-2023.

**Over**

# PLOT DIAGRAM

**This application complies with the New York State Building Code part # 442 and I am familiar with said ordinance and its amendments thereto and submit this application in conformity with its provisions. I hereby certify that the above statements are correct and true to the best of my knowledge and belief and all statements are made under penalty of perjury.**

SIGNATURE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

ACTION TAKEN: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ APPLICATION FEE \$ \_\_\_\_\_

REFERRED TO \_\_\_\_\_

REASONS OR REMARKS FOR DENIAL \_\_\_\_\_

THE FOREGOING APPLICATION AND ACCOMPANYING SKETCH HAVE BEEN EXAMINED AND CONSIDERED AND THE ABOVE ACTION HAS BEEN TAKEN BY ME.

\_\_\_\_\_  
CODES ENFORCEMENT OFFICER

ALL APPLICATIONS THAT ARE REJECTED FOR ZONING REASONS ARE ELGIBLE FOR SUBMISSIONS TO THE ZONING BOARD OF APPEALS.