

APPLICATION FOR COMMERCIAL BUILDING/PLUMBING PERMIT

Building Office
585-723-2350
Fax 585-723-2457

Town of Greece
One Vince Tofany Blvd.
Greece, New York 14612

Inspection Phone Line
585-723-1923

(Please Print or Type)

Date _____

Permit Type:

New Building Addition Renovation Accessory Structure
Furnace Reline Water Heater Interior Demo Building Demo Seasonal Space
(Asbestos survey and/or abatement may be required on renovation and/or demolition).
Tenant Change From _____ to _____ Classification _____

Site Address _____ Tenant Name _____
Address also known as _____

Property/Business Owner Information

Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-Mail Address _____

Contractor Information

Business Name _____
Contact Person _____
Address _____
City _____ State _____ Zip _____
Fax _____ Cell _____
Business Phone _____
E-Mail Address _____

Architect/Engineer Information

Company Name _____ Contact Name _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ Cell _____ E-Mail _____

Describe Proposed Project: _____

Floor Area _____ x _____ Stories _____ Total Sq. Ft. _____

Value of Construction \$ _____ Value of construction is the cost of the improvement, including any implied value of donated material or labor. For contractor work, it is the total cost.

A Building permit expires 12 months from the date of permit issuance.

Application is hereby made to the Building Office for the issuance of a Building/Plumbing Permit pursuant to the Title 19 NYCRR for the construction of buildings, additions or alterations or the removal or demolition, as herein described. 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 also will allow all inspectors to enter premises for the required inspections.

(Applicant – Contractor Name – Please Print)

(Plumber's Name – Please Print)

(Applicant's - Contractor Signature)

(Plumber's Signature)

(For office use only)

Insurances Liability <input type="checkbox"/> Compensation <input type="checkbox"/>	Fire Marshal Approval _____	Job Contact Sheet <input type="checkbox"/>
Two Sets of Stamped Plans <input type="checkbox"/>	Permit Rec. By _____	C of O Fee \$ _____
Com Check (Energy Code) <input type="checkbox"/>	Permit Date _____	Plan Rev Fee \$ _____
Asbestos Certification <input type="checkbox"/>	Permit Approval _____	Permit Fee \$ _____
Building Code Data Sheet <input type="checkbox"/>	Zone Approval _____	Total Permit Fee \$ _____

COMMERCIAL BUILDING/PLUMBING PERMIT Fee Calculation TOWN OF GREECE

Date: _____
Initials: _____

PERMIT TYPE: New Building Addition Renovation

Total Square Feet _____

Value of Construction

Square Footage X Value from Building Valuation Table
Reported Value \$ _____

Building Fee:	(\$90,000 & up)	Value \$ _____	x .008	Total: \$ _____
	(\$50,000 - \$89,999)	(\$700)		Total: \$ _____
	(\$30,000 - \$49,000)	(\$500)		Total: \$ _____
	(\$10,000 - \$29,999)	(\$300)		Total: \$ _____
	(\$0 - \$9,999)	(\$150)		Total: \$ _____
C of O Fee:		(\$100)		Total : \$ _____
Storm Drainage Fee:		(per 5,000 sq. ft: \$500)		Total: \$ _____
Town Sanitary Sewer Fee:				Total: \$ _____
County Sewer Fee:		(\$350)		Total: \$ _____
Commercial Application Fee:		Value \$ _____	X .005 + \$100	Total: \$ _____
Re-Review Fee:				Total: \$ _____
Miscellaneous Fee: (See notes for explanation of charges)				Total: \$ _____

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TOTAL FEE CHARGED: **Total: \$** _____

NOTES/ANY MODIFICATIONS INCLUDING FEE WAIVERS:

Approval Signature

Date