

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 _____
Address _____
Phone _____ Fax _____

Contact Name _____
City _____ State _____ Zip _____
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 Compensation
Two Sets of Stamped Plans
Com Check (Energy Code)
Asbestos Certification
Building Code Data Sheet

Fire Marshal Approval _____
Permit Rec. By _____
Permit Date _____
Permit Approval _____
Zone Approval _____

Job Contact Sheet
C of O Fee \$ _____
Plan Rev Fee \$ _____
Permit Fee \$ _____
Total Permit Fee \$ _____