



# VILLAGE OF BROCKPORT

127 Main St Brockport, NY 14420  
Tel: (585) 637-5300x114 Fax: (585) 637-1045  
E-mail: kbrown@brockportny.org  
Web Site: www.brockportny.org

**PERMIT NUMBER**  
  
for office use only

## Building Permit Application

PRINT OR TYPE APPLICATION

New Structure* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Addition* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Date Submitted: _____ Plans Submitted (2 sets): _____ Plumbing Form Submitted: _____ Survey Map Submitted: _____
Alteration* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Demolition* Res <input type="checkbox"/> Comm <input type="checkbox"/>	
Conversion* Res <input type="checkbox"/> Comm <input type="checkbox"/>	Relocation* <input type="checkbox"/>	
Pool - Ab/Gr (\$50 fee) <input type="checkbox"/>	Deck (\$35 fee) <input type="checkbox"/>	
Pool - In/Gr (\$100 fee) <input type="checkbox"/>	Stove/Fireplace (\$20 fee) <input type="checkbox"/>	
Shed - 144sf+ (\$30 fee) <input type="checkbox"/>	Sign (\$30/sign) <input type="checkbox"/>	
Gas Appliance (\$20 fee) <input type="checkbox"/>	Other*: _____ <input type="checkbox"/>	

*\*Refer to current Fee Schedule on web site*

**PROPERTY / PROJECT INFORMATION:**

Property Address: \_\_\_\_\_

Subdivision Name (if applicable): \_\_\_\_\_ Lot Number: \_\_\_\_\_

If this is a residential structure, is it pre-1978 construction? Yes No Does project require lead remediation? Yes No

Tax Map Parcel Number(s): \_\_\_\_\_ Parcel width: \_\_\_\_\_ Parcel depth: \_\_\_\_\_

Property Zoning District: \_\_\_\_\_ Property Class: \_\_\_\_\_

Occupancy Class: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Description of Proposal: \_\_\_\_\_

\_\_\_\_\_

Dimensions of Project: \_\_\_\_\_ x \_\_\_\_\_ Area: \_\_\_\_\_ square feet

Value of Construction: \$ \_\_\_\_\_

**CALL BEFORE YOU DIG**  
**UFPO**  
**1-800-962-7962 or dial 811**  
**for utility stakeout locations**

**NOTICE TO BUILDING PERMIT APPLICANTS**  
**An asbestos survey is required for all renovation, remodeling, repair and demolition of all interior and exterior building materials per NYS Industrial Code Rule 56. For further information, please see the NYS website at [www.labor.ny.gov](http://www.labor.ny.gov)**

COMPLETE APPLICATION ON REVERSE SIDE

**CONTRACTOR INFORMATION:**

Contractor/Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contractor Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor E-mail Address: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Liability Insurance Certificate:  on file  attached  n/a

Workers' Comp Ins. Certificate:  on file  attached  n/a  waiver

Lead Certification:  on file  attached  n/a

Architect Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Architect Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Architect E-mail Address: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**Certification of Statements:**

**NOTE:** Commencement of construction shall not begin until this application is approved and signed by the Building Inspector.

The applicant(s) hereby affirm that the above information is accurate and complete to the best their knowledge and he/she/they is/are the title owner(s) of the property or has/have been authorized by the title owner(s) to make this application.

I/We hereby certify that I/we are title owner(s) of the property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name Printed/Typed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Owner Name Printed/Typed

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
E-Mail

**FOR OFFICE USE ONLY:**

Is the parcel in a flood plain?  Yes  No Map # \_\_\_\_\_ Map Date \_\_\_\_\_

**Approvals:**

Planning Board Date: \_\_\_\_\_  
 Zoning Board of Appeals Date: \_\_\_\_\_  
 Historic Preservation Board Date: \_\_\_\_\_

**Building Inspector:**

Approved  Disapproved  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees for this permit:**

Building: \_\_\_\_\_  
C of O, C of C: \_\_\_\_\_  
Plumbing: \_\_\_\_\_  
Water Meter (BOWC): \_\_\_\_\_  
Sewer (\$250 PW + \$125 V if applicable): \_\_\_\_\_  
Other: \_\_\_\_\_  
TOTAL: \_\_\_\_\_

ORIGINAL:  Property File COPY:  Applicant  Village Clerk  Town of Sweden Assessor