



# VILLAGE OF BROCKPORT

49 State Street Brockport, NY 14420  
Tel: (585) 637-1047 Fax: (585) 637-1016  
E-mail: [szarnstorff@brockportny.org](mailto:szarnstorff@brockportny.org)  
Web Site: [www.brockportny.org](http://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

Commencement of construction or installation can only begin once this application is approved and signed on reverse side by the Building Inspector.

**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: \_\_\_\_\_

**SIGNATURES:****Certification of Statements:**

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:****Approvals:**

- Planning Board
- Zoning Board of Appeals
- Historic Preservation Board

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Building Inspector:**

- Approved     Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fees for this permit:**

Building: \_\_\_\_\_

C of O, C of C: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Water Meter (\$250 if applicable): \_\_\_\_\_

Sewer (\$250 PW + \$125 V if applicable): \_\_\_\_\_

Other: \_\_\_\_\_

TOTAL: \_\_\_\_\_

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