

# VILLAGE OF BROCKPORT

49 State Street, Brockport, New York 14420  
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## BUILDING PERMIT APPLICATION

New Structure: \_\_\_\_\_ Addition: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Alteration: \_\_\_\_\_ Relocation: \_\_\_\_\_ Plans Submitted: \_\_\_\_\_  
Conversion: \_\_\_\_\_ Demolition: \_\_\_\_\_ Plumbing Form Submitted: \_\_\_\_\_  
Pool: \_\_\_\_\_ Deck: \_\_\_\_\_ Survey Map Submitted: \_\_\_\_\_  
Shed (144sf +): \_\_\_\_\_ Stove/ Fireplace: \_\_\_\_\_  
Gas Appliance: \_\_\_\_\_ Sign: \_\_\_\_\_  
Other: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

Tax Map Parcel #(s): \_\_\_\_\_ Parcel size: \_\_\_\_\_ width \_\_\_\_\_ depth

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

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

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

Dimensions of project: \_\_\_\_\_ x \_\_\_\_\_ Area \_\_\_\_\_ Square Feet

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

Contractor name & address: \_\_\_\_\_

Contractor's certificates of insurance are attached: \_\_\_\_\_ Liability \_\_\_\_\_ Workers Compensation

Approval by: \_\_\_\_\_ Planning Board \_\_\_\_\_ ZBA \_\_\_\_\_ Historic Preservation Board  
Date Date Date

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

### Certification of Statements:

The applicant(s) hereby affirms that the above information is accurate and complete, to the best of his/her 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 property identified in the above application and that the applicant(s) named is/are authorized to make the application described herein.

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

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

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

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

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

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

Phone # / Fax # / E-mail \_\_\_\_\_

Phone # / Fax # / E-mail \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

### For Office Use Only:

APPROVED / DISAPPROVED (circle one)

Number: \_\_\_\_\_

\_\_\_\_\_  
Building Inspector

Fees: (Refer to current fee schedule.)

OTHER \_\_\_\_\_

BUILDING \_\_\_\_\_

C of O or C of C \_\_\_\_\_

PLUMBING \_\_\_\_\_

WATER METER \$200 if applicable \_\_\_\_\_

SEWER \$250 PW + \$125 V if applicable \_\_\_\_\_

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