Property Owner

Mailing Address

City       , NY Zip       Phone (     )     -

Project Address

Application is for  Square footage

Material & Labor Costs Estimate $       District

Setbacks: Front       Rear       Right side       Left side

Contractor

Address

City       , St    Zip       Phone (     )     -

Workers Compensation Insurance  Yes**\***  Not required  CE-200 form attached\*

Liability Insurance Certificate  Yes**\***  Not required

**\*** *Current* certificates must be on file with the Town of Canadice.

Plans by

Address

City       , St    Zip       Phone (     )     -

The undersigned represents and agrees as condition to the issuance of this permit that said structure shall be constructed in accordance with all laws, ordinances of the Town and the State of New York Uniform Fire and Safety Prevention and Energy Code of the State of New York, and all other applicable laws, codes, and regulations.

**Owner / Agent Signature Date / /**

**OFFICIAL USE ONLY**

Code Enforcement Officer Date / /

Town Clerk Date / /

Fee Paid $ Permit # Plans approved by

Approved Not approved Tax Map ID No. - -

The applicant and/or contractor assumes responsibility for

* requesting inspections *as listed on the Building Permit*;
* giving at least 24 hours notice of inspection request; and
* obtaining a certificate of occupancy and/or compliance *before use*.

Inspections shall be ***REQUIRED*** on the following schedule:

1. Footings before pouring concrete;
2. Foundation before backfill;
3. Storm lateral, sanitary lateral, drain tile, slab plumbing, septic system, or public water before backfill or covering;
4. Plumbing drain line and water line shall be tested with water or air per P312 of the Plumbing Code of New York before closing walls;
5. Framing before closing or covering walls;
6. Insulation before closing or covering walls;
7. Electrical inspection by a third party certified electrical inspector;
8. Fireplace or wood burning stove and chimney before closing in wall and/or ceiling;
9. Water test if required by the CEO yes no
10. Final Inspection

**NOTICES:**

* No structure erected or altered pursuant to this permit, No. shall be occupied for any purpose *until a certificate of occupancy and/or compliance has been issued*.
* The permit renewal fee shall be 50% of the original permit cost for a maximum of two (2) renewals; the third and subsequent renewals shall revert to the original permit cost.

**Owner / agent signature Date**

Locate clearly and distinctly all buildings, whether existing or proposed, and indicate all setback dimensions from property lines. Give identifying information or deed description; show all easements, street names, and adjacent property owner names; and show well, septic, and leach field locations. Show all bodies of water, creeks, and/or shorelines. Indicate whether it is an interior or corner lot.

Rear line \_\_\_\_\_\_\_\_\_ ft.

Setback from rear line \_\_\_\_\_\_\_\_\_ ft.

Setback from Setback from

side line (A) side line (B)

\_\_\_\_\_\_\_\_\_ ft. \_\_\_\_\_\_\_\_\_ ft.

Setback from front line \_\_\_\_\_\_\_\_\_ ft.

Frontage \_\_\_\_\_\_\_\_\_ ft

Street