

TOWN OF BARRE

BUILDING DEPARTMENT

14317 West Barre Road, Albion, New York 14411

Phone: 585-589-5100 Ext 5 Fax: 585-589-2510

BUILDING PERMIT APPLICATION

Project Location and Information:

Address: _____

Tax Map Number: _____

Current Use of the Property / Building: _____

Proposed Use of the Property / Building: _____

Owner Identification:

Owners Name: _____

Address of Owner: _____

City, State, Zip: _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

Proof of Ownership: (attach deed)

Type of Construction or Improvement:

New Building – Proposed Use is _____

Conversion – Current Use is _____ Proposed Use is _____

Addition Alteration Repair / Replacement

Misc. Equipment Demolition Relocation

Description of Project:

Estimated Project Cost:

Contractor estimate for the work to be performed: _____

(Attach List of Designers/ Contractors/ & Certificates of Insurance)

If the work is to be performed by the Homeowner: _____

Projection Location and Details:

Please attach a plot plan, survey and/or sketch. A plot plan or sketch of the work to be performed must be made a part of this application. The plan must include the following:

1. Location of the proposed structure or addition showing the number of stories and all exterior dimensions and square footage.

2. The distance of the proposal from all lot lines.

3. The depth of the proposed foundation or footers.

4. The distance of the proposal from any structures.

5. The maximum percentage of the lot to be covered by building.

6. Addition will be used as:

Family Room Living Room Kitchen

Den Bedroom Bath Full or Half

Other (please describe) _____

7. Basement: Full Partial Crawl Slab

8. Garage: Attached Detached Utilities: _____

9. Deck /Porch: Open Covered Enclosed Screened

I, hereby grant the right of on- site inspection to the Town Code Enforcement Official or their Designee.

Signature: _____

Date: _____