

# 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: \_\_\_\_\_