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Town of Geddes Code Enforcement Office

Called:	
Person:	Mess:

1000 Woods Rd. Solvay, NY 13209

	dbalcer@townofged	ldes.com	
Examined Date: Approved Date: Disapproved A/C: Building Inspector:	Office Use Only	TM #: Permit #: Fee: \$	
APPLIC	ATION FOR BUIL	DING PERMI	<u>r</u>
Applicant Name:	Telephone #	:	Date:
Address:	City:	State:	Zip
Email:			
diagram which is part of this applic C. This application must be accompated constructions and two complete sets preformed, the materials and equipal installations. D. The work covered by this applicate E. Upon approval of this application, approved, duplicate set of plans an available for inspection throughout F. No building shall be occupied or upgranted by the building department G. All construction debris must be discovered.	t or areas, and giving a detailed descriptication. unied by two complete sets of plans by ets of specifications. Plans and specific pment to be used and installed and detail in may not be commenced before isse, the Building Department will issue and specifications, a set of approved plant the work in progress. used in whole or in part for any purposent. sposed of properly by applicant.	a N.Y.S. Certified Architect eations shall describe the nat ails of structural, mechanica uance of the Building Permi building permit to the applicans and specifications shall be whatever, until a Certifica	t showing proposed ture of work to be al, electrical, and pluming it. cant together with the be kept on the premise atte of Occupancy has been
1. Address of land on which pr	oposed work will be done		
2. Tax map #:	3. State existing use	and occupancy of prem	nises :
4. Nature of work – New Build	ling Addition Alteration	Shed Deck/Porch	Fence Solar Panels
Wood Stove Signage/ Bill		n Wheelchair Ramp	
5. Describe proposed construct	ion:		

- **6.** Dimensions of new constructions: Front _____, Rear _____, Depth _____, # of Stories _____
- 7. Square Feet of habitable living area _____ Square feet Non- habitable _____ space
- 8. Size of lot _____ Total Lot Square Footage: _____
- 9. Estimated Construction Costs \$ _____ Zoning of Property _____

11. Name of Compensation Insurance Policy Number #:	Date of e	xpiration.		
NYS Workers Compensation Insurance				
NYS Example Cont. Attached	d or on File, Policy	Ŧ	Exp. Date	
NYS Exempt Cert				
12. Name of owner of premise:		Phone #		
Address:	, City	State	Zip	
Email				
Name of architect		Phone #		
Name of architect:Address	City	State	 7in	
Email		State	Zip	
Name of Contractor:	Q'.	Phone #		
Address:Email	•	State	Zıp	
14. Will plumbing work be done? Ye If yes then work must be comp				
•		iber and a certificate	of approval must b	e
obtained by Onondaga County	Plumbing Control.	iber and a certificate	of approval must b	e
•		iber and a certificate	of approval must b	e
•	Plumbing Control.	iber and a certificate	of approval must b	e
obtained by Onondaga County	Plumbing Control. Plot Diagram hether existing or proportion	sed and indicate all s		
Attach survey Locate clearly all buildings, w	Plumbing Control. Plot Diagram hether existing or proportation that has no survey inforcement Department Code of New York State on, as herein described.	sed and indicate all s attached) of the Town of Gedo for the construction The applicant agrees	et back dimensions fr des for the issuance of of buildings, addition to comply with all	rom f a
Attach survey Locate clearly all buildings, w property lines. (For the application is hereby made to the Code elding permit pursuant to the Building Cerations or for the removal or demoliticable laws, ordinances and regulation	Plumbing Control. Plot Diagram The Plot Diagra	sed and indicate all s attached) of the Town of Gedo for the construction The applicant agrees nondaga County or t	des for the issuance of of buildings, addition to comply with all the Town of Geddes.	rom f a
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