Asser	/	,	/

## Town of Geddes Code Enforcement Office

Called: _			
Person:	Mess:		

1000 Woods Rd. Solvay, NY 13209 dbalcer@townofgeddes.com

ENTIAL BUILDING PERMIT  Date:  Telephone #  y: State: Zip  Ons  or by ink and submitted to the Code Enforcement Office.  ng location of lot and of buildings on premises, relationship to adjoining escription of layout of property must be drawn on the diagram which is part ets of plans by a N.Y.S. Certified Architect or Engineer showing proposed
Telephone #
y: State: Zip  ons or by ink and submitted to the Code Enforcement Office.  ng location of lot and of buildings on premises, relationship to adjoining escription of layout of property must be drawn on the diagram which is part
ons on by ink and submitted to the Code Enforcement Office.  In a location of lot and of buildings on premises, relationship to adjoining escription of layout of property must be drawn on the diagram which is part
or by ink and submitted to the Code Enforcement Office.  ng location of lot and of buildings on premises, relationship to adjoining escription of layout of property must be drawn on the diagram which is part
or by ink and submitted to the Code Enforcement Office.  ng location of lot and of buildings on premises, relationship to adjoining escription of layout of property must be drawn on the diagram which is part
ans and specifications shall describe the nature of the work to be performed, details of structural, mechanical, electrical, and pluming installations. need before issuance of the Building Permit. ent will issue a building permit to the applicant together with the approved, d plans and specifications shall be kept on the premise available for for any purpose whatever until a Certificate of Occupancy has been granted the applicant.
existing use and occupancy of premises:
ration Modifications Shed Deck/Porch Fence Repair
emolition Generator Wheelchair Ramp Garage Other
Rear, Depth, Hgt, of Stories  Square feetnon-habitable space

9.	Does proposed construction violate any Zo	oning law or regulati	on yes ( ) no	( )
10.	NYS Workers Compensation Insurance Co	ertAttached or	On File, Policy#	Exp. Date
	NYS Disability Ins. Cert Attached or _	on File, Policy #	<u> </u>	Exp. Date
	NYS Exempt Cert			
11	Name of over a of manical		Dhama #	
11.	Name of owner of premise:Address:	City	Pnone #	Zin
	Email	, City	State	Zip
<b>12</b> .	Name of architect:	Pho	one#	
	Name of architect:Address	, City	State	Zip
	Email			<u> </u>
10	N		D1 "	
13.	Name of Contractor:Address:	C'1	Phone #	
	Email	, City	State	Z1p
. –	If yes, the electrical must be inspected certified inspection agency. Please spe	cify		
13.	Will any plumbing work be done? Yes ( ) If yes, then work must be completed by Onondaga County Plumbing Control	y a licensed plumber ol.	and a certificate of	of approval must be obtained
	Plo	t Diagram		
	Attach survey			
	Clearly locate all buildings, whether exproperty lines. (For the application th			back dimensions from
ermit por the i	ntion is hereby made to the Code enforcem pursuant to the Building Code of New Yor removal or demolition, as herein described ulations of New York State, Onondaga Co	k State for the constr I. The applicant agree	ruction of building es to comply with	gs, additions, or alterations or
PRI	NT:(Name of applicant signing application)	Certifies tha	t he/she is the app	licant above named.
	(Name of applicant signing application)			
He/	She is the	of said owne	er or owners and is	duly authorized.
to p	She is the(Contractor, agent, corporate officer, erform the said work and to make and file to the best of his/her knowledge and belie lication and in the plans and specifications	this application. That f, and that the work	nt all statements co	ontained in this application are
Sio	nature of applicant		Data:	
oigi	matare or approant		Datc.	<del></del>