

# Building Permit Application

## Office of the Code Enforcement Officer

Town of Alfred  
Shaw Rd.  
Alfred Station, NY 14803

Steve Kilmer  
607-968-0085

### OFFICIAL USE ONLY

Application No.: \_\_\_\_\_  
Zoning District: \_\_\_\_\_  
Date Received: \_\_\_\_\_

## INSTRUCTIONS

1. All applications must be TYPEWRITTEN or PRINTED legibly in black ink.
2. Three copies of this form and all attachments are to be submitted to the town clerk or the Code Enforcement Officer. Incomplete applications will not be accepted.

## APPLICANT INFORMATION

1. Name: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Phone: Home: ( ) - - Work: ( ) - -  
Location of Property: \_\_\_\_\_  
(road or street number): \_\_\_\_\_

2. Applicant is:  Owner  NY State-Licensed Architect  
 Tenant or Lessee  NY State-Licensed Professional Engineer  
 Agent for Owner  Contractor  
 Other (describe): \_\_\_\_\_

3. Property owner(s): \_\_\_\_\_  
Own(s): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Phone: Home: ( ) - - Work: ( ) - -

## INFORMATION

### 4. Occupancy and use of Property: (Check all that apply)

	Present	Proposed		Present	Proposed
A1 One Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>	C1 Business	<input type="checkbox"/>	<input type="checkbox"/>
A2 Two Family Dwelling	<input type="checkbox"/>	<input type="checkbox"/>	C2 Mercantile	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Dwelling	Number of Units		C3 Industrial	<input type="checkbox"/>	<input type="checkbox"/>
B1 Permanent Occupancy			C4 Storage	<input type="checkbox"/>	<input type="checkbox"/>
B2 Transient			C5 Assembly	<input type="checkbox"/>	<input type="checkbox"/>
B3 Senior Citizens Residence			C6 Institutional	<input type="checkbox"/>	<input type="checkbox"/>
B4 Adult Residential Care			C7 Miscellaneous	<input type="checkbox"/>	<input type="checkbox"/>
			Specify		

### 5. Nature of Proposed Work (Check all that apply)

<input type="checkbox"/> Construction of New Building	<input type="checkbox"/> Relocation of a Building or a Structure
<input type="checkbox"/> Addition to Existing Building	<input type="checkbox"/> Stove, Fireplace, or Furnace Installation
<input type="checkbox"/> Renovation, Alteration	<input type="checkbox"/> Chimney, Flue, Smoke pipe Installation
<input type="checkbox"/> Demolition, Complete or Partial	<input type="checkbox"/> Swimming Pool Installation, Relocation
<input type="checkbox"/> Exterior Porch, Deck, Steps	<input type="checkbox"/> Accessory Structure
<input type="checkbox"/> Other: _____	

### 6. Project value, including value of self labor or donated labor \$

### 7. Architect or Engineer of record:

Name: \_\_\_\_\_ Business phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

8. Is the proposed project in compliance with the Zoning Laws of the Town of Alfred? Yes  No

If "no", then have you applied for a variance? Yes  No

Work cannot proceed until the variance has been granted. If you are unsure of this please contact the Code Enforcement Office.

# Building Permit Application

9. Has any work covered by this application been started or completed?

Yes  No

If "yes" explain below

11. Plans and specifications are enclosed or attached  Being sent separately

12. Will wages be paid to anyone working on this project?

Yes  No

If "yes", insurance is required as specified in the New York State Workers Compensation Law and Disability Law. A copy of the Certificate of Insurance must be filed with the office of Code Enforcement before a Building Permit will be issued. If a current Certificate of Insurance is already on file please check here

13. Describe the proposed project:

14. Additional Information

## AFFIRMATION

15. I affirm that I am the applicant named above, and that:

I am duly authorized to perform said work and to make and file this application; that all the information contained herein is or furnished by me in support of this application is true and correct to the best of my knowledge and belief;

That all work in connection with the proposed project will be performed in the manner set forth in this application and in plans, specification and other supporting information, and in accordance with all laws and regulations.

Signature of applicant:

Date:

Please return all documents to: Town Office.

## OFFICIAL USE ONLY

Application received:

		Town Clerk	Date:	
		Zoning Inspector	Date:	
Fee	\$	Received by:	Date:	
Permit approved by:		Permit Officer:	Date:	
Permit Number:		Issued by:	Date:	

Notes: