



BUILDING DEPARTMENT

525 Belmont Avenue, Buffalo, New York 14223, (716) 877-8801, FAX 871-8845

PERMIT APPLICATION

| | | | |
|---|--|--------------------------|----------------------------|
| | | Application Date: | |
| Applicant: | <input type="checkbox"/> Owner <input type="checkbox"/> Lessee <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ | | |
| Property/Job Address: | | | SBL#: |
| Property Owner Name: | | | |
| Property Owner Address: | | | |
| | | | |
| Contractor: | | | License #: |
| Address: | | | |
| | | | |
| Phone Number: | | | Contact Person: |
| Building type: | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Other: _____ | | |
| Zoning Classification: | | | |
| Permit type: | <input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Truss Fee <input type="checkbox"/> Other: _____ | | |
| Description of Work: | | | |
| | | | |
| Construction Type: | | | ESO #: |
| Roof Construction: | | | Floor Construction: |
| Estimated Cost of Work: | \$ | | |
| Additional Information/restrictions: | | | |
| <ol style="list-style-type: none"> The contractor is responsible for scheduling inspections - advance notice of 24 hours minimum. Work must be performed in accordance with either the Residential Code of New York State for 1 & 2 family dwellings, or the Building Code of New York State for all other buildings. All Contractors and Subcontractors shall maintain a current license with the Town of Tonawanda Building Department. The Town of Tonawanda will not pick up any construction debris generated by contractors in connection with any work at this location. Permit holder is required to legally dispose of all debris. Property owners and/or contractors performing work under this application are responsible to contact the New York State Department of Labor regarding asbestos regulations (847-7126). Contact Underground Facilities Protection Organization (UFPO) @ 1-800-962-7962 or www.digsafelynewyork.com, 2-10 working days prior to your dig or excavation. | | | |
| Plans Approved: | Date: | Approved By: | |
| Permit Number: | | | |
| Total Fees: | | | |
| <p>Applicant hereby affirms that they are the current resident owner and/or is a representative of the resident owner and agrees that all work performed under this application shall be in accordance with all applicable codes, regulations and manufacturer's installation instructions. Applicant hereby authorizes the Code Enforcement Officer, his deputy or assistants entrance to the premises listed herein at any reasonable time to perform all required inspections of the permitted work.</p> | | | |
| Applicant signature: _____ Date: _____ | | | |