

TOWN OF PEMBROKE

Bureau of Zoning and Codes Enforcement

1145 Main Road, Corfu, New York 14036

Phone (585) 599-4892 ext. 24 Fax (585) 762-8233

APPLICATION FOR A BUILDING PERMIT

NOTE: AN INCOMPLETE APPLICATION MAY DELAY THE TIMELY ISSUANCE OF YOUR PERMIT.
PLEASE ENTER N/A IF A SECTION IS NOT APPLICABLE

Permit Address Site _____ Date _____

Architect _____ Property Tax Map No. _____

Owner _____ Phone (H) _____ (W) _____

Owner Address _____ City _____ State _____ Zip _____

Contractor _____ Phone _____ Fax _____

Contractor Address _____ State _____ Zip Code _____

Permit Type:

- Single Family Dwelling Foundation Remodel Addition Attached Garage
 Detached Garage Covered Porch Enclosed Porch Deck Gazebo Shed
 Masonry Fireplace Wood Stove Above Ground Pool In-Ground Pool Gas Insert
 Gas Fireplace Demolition Other _____

Accessory Structure Sq. Ft. _____ x _____ Total Sq. Ft. _____

Addition 1st Floor Sq. Ft. _____ 2nd Floor Sq. Ft. _____ Total Sq. Ft. _____

S.F.D 1st Floor Sq. Ft. _____ 2nd Floor Sq. Ft. _____ Total Sq. Ft. _____

Value of Construction \$ _____

A Building permit expires 12 months from the date of permit issuance.

Application is hereby to the building office for the issuance of a building permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions or alterations, or the removal or demolition as herein described. The applicant and/or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application (which are part of these requirements), and also will allow all inspectors to enter the premises for the required inspections.

Owner's Name (Please Print Clearly) _____

Owner's Signature _____

Contractor Name (Please Print Clearly) _____

Contractor Signature _____

(For Office Use Only)

PERMIT NUMBER _____

Fees Complete permit package check list Permit review

_____ Planning Board _____ Instrument Survey Map
_____ ZBA _____ Contractor Insurance Liability & Comp.
_____ County Planning _____ Res. Check
_____ 2 sets of plans _____ Overlay Dist.

Reviewed By _____

Date Reviewed _____

FEMA _____

Total Fees \$ _____ Other _____