

TOWN OF VETERAN BUILDING DEPARTMENT

APPLICATION FOR BUILDING PERMIT

A Plot Plan must be Submitted with this Application

DATE \_\_\_\_\_

PERMIT# \_\_\_\_\_

VALUE \$ \_\_\_\_\_

FEE \$ \_\_\_\_\_

Application is hereby made to erect \_\_\_\_\_ alter \_\_\_\_\_ extend \_\_\_\_\_

Located at \_\_\_\_\_

Tax Map description \_\_\_\_\_

Property use \_\_\_\_\_

If application is for new construction, sewage system must be approved by Chemung County Health Department.

The main structure will be \_\_\_\_\_ square feet      Dimensions \_\_\_\_\_

Construction type \_\_\_\_\_ Front yard set back \_\_\_\_\_ feet

Height \_\_\_\_\_ Right yard set back \_\_\_\_\_ feet

Number of family unites \_\_\_\_\_ Left yard set back \_\_\_\_\_ feet

Lot dimensions \_\_\_\_\_ Rear set back \_\_\_\_\_ feet

The accessory structure will be \_\_\_\_\_ square feet      Demensions \_\_\_\_\_

Height \_\_\_\_\_ Side yard set back \_\_\_\_\_ feet

Distance from main building \_\_\_\_\_ Rear yard set back \_\_\_\_\_ feet

Ower's name \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Contractor's name \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Compensation Insurance Carrier form submitted \_\_\_\_\_ on file \_\_\_\_\_

Self Employed \_\_\_\_\_

I hereby agree to abide by all zoning regulations or restrictions as set forth by the Town of Veteran and that all work and materials shall be in strict conformity of the New York State Building Codes and New York State Energy Code. THE BUILDING INSPECTOR MUST BE NOTIFIED WHEN WORK IS COMPLETED FOR HIS INSPECTION. A CERTIFICATE OF OCCUPANCY MUST BE ISSUED BEFORE PREMISES CAN BE OCCUPIED.

That the deponent is the \_\_\_\_\_ of said owner(s) and is duly authorized to perform or to have performed said work and that statements herein made are true and that the work will be performed in the manner mentioned in this application.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Sign here: \_\_\_\_\_

Building Inspector: \_\_\_\_\_

Date approved: \_\_\_\_\_