

TOWN OF FRANKFORT
APPLICATION FOR BUILDING AND ZONING PERMIT
CODES DEPARTMENT
894-0922

DATE _____ 20 _____

PERMIT NO. _____
C/O NO. _____

**ATTACH PLOT PLAN & ANY BUILDING, ADDITIONS, OR ALTERATIONS PLAN FOR
REVIEWED. FLOOR PLANS OF THE ESTABLISHMENT IS REQUIRED**

Application is hereby made to the Codes Department for the issuance of a Building and Zoning Permit pursuant to the N.Y.S. Uniform Fire Prevention & Building Code for the construction of buildings, additions or alterations, as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations, and also will allow all inspectors to enter the premises for the required inspections.

Applicant's Name: _____

Address: _____

Phone: _____

Property Owner's Name: _____

Property Address: _____

Zip: _____

Tax Map Number: _____

Existing Use of Property: _____

Explain Proposed Use: _____

Contractor's Name: _____

Address: _____

Phone: _____

Name of Compensation or General Liability

Carrier & Policy # _____

Zoning District _____

Lot Size _____ **Area** _____

Existing Building Size _____

New Building Size _____

Estimated Cost \$ _____

Public Floor Area _____

Private Floor Area _____

NEW BUILDING YARDS:

Front Yard Depth _____ **Feet** _____

Right Side Yard Width _____ **Feet** _____

Left Side Yard Width _____ **Feet** _____

Rear Yard Depth _____ **Feet** _____

Bldg. Height _____ **Feet** _____ **Stories** _____

Bldg. Permit Fee \$ _____

Plumbing Fee \$ _____

Certificate of Compliance Fee \$ _____

Certificate of Occupancy Fee \$ _____

TOTAL FEE \$ _____

NOTE: Inspections by Codes Department are required at the following schedule. (You must call for Inspections.)

1. Footings before pouring concrete.
2. Foundation inspection before back fill.
3. Plumbing, heating, framing and Electrical Inspections before any closing in of the framework.
4. Insulation inspection.
5. When all work is completed, final inspection is required by Sewer, Electrical and the Codes Department.

**NO OCCUPANCY OF THE BUILDING IS PERMITTED WITHOUT A CERTIFICATE OF
OCCUPANCY ISSUED BY THE CODES DEPARTMENT.**

NOTE: THIS BUILDING PERMIT IF FOR RESIDENTIAL OR COMMERCIAL WORK EXPIRES ONE (1) YEAR FROM DATE ISSUED.

Signature of Owner , Applicant or Agent

Printed or Typed Copy of Signature

The application of _____ **dated** _____ 20 _____
is hereby approved (disapproved) and permission granted (refused) for the construction, reconstruction or alteration of a building and / or accessory structure set forth above. Reason for refusal of permit

Dated _____ 20 _____

Codes Department Officer

Data Sheet

Number of Stories _____ First Floor _____ Second Floor _____

Number of Rooms _____ Number of Exist _____ Maximum Occupancy Load _____

Number of Kitchens _____ No. Grills _____ No. Fryers _____ No. Stove _____

Fire Suppression System Type _____ Hood Size _____

Fire Load: Combustible Fire Rate _____ Flammability Rate _____

Basement Type _____ Finished Basement _____ Yes _____ No _____

Number of Baths _____ Urinals _____ Toilets _____ Sinks _____

Sewage Disposal _____ Septic _____ Sewer _____

Water Supply _____ Public Water _____ Well _____

Heating System _____ Electric _____ Oil _____ Gas _____ Wood _____

_____ Forced Air _____ Heat Pump _____ Baseboard _____

_____ Other, explain _____

Central Air _____ Yes _____ No _____ Number of Fireplaces _____

Size of Decks _____ Porches _____ Storage Shed _____ Yes _____ No _____

Swimming Pool In-ground _____ Above-ground _____ Deck Size _____

*** MUST ACCOMPANY APPLICATION ***

1) ATTACH PLOT PLAN & ANY BUILDING, ADDITIONS, OR ALTERATIONS
PLAN FOR REVIEWED

2) FLOOR PLANS AND HANDICAP ACCESSIBILITY OF THE
ESTABLISHMENT IS REQUIRED

3) DETAIL OPERATIONS PERFORMED ON-SITE AND THE NUMBER OF
EMPLOYEES