

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

**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**