

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

DATE _____ 20 _____

PERMIT NO. _____
C/O NO. _____

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: _____

Email: _____

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 _____

Deck Size _____

Estimated Cost \$ _____

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 \$ _____

Deck Fee \$ _____

Plumbing Fee \$ _____

Septic System 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 inspections are required |
| 3. Plumbing, heating, framing and Electrical Inspections | Electrical Inspector, Blower Door Cert., |
| before any closing of the framework. | Plumbing and Walk through by 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 _____

Basement Type _____ Finished Basement _____

Number of Baths _____ Toilets _____ Sinks _____

Sewage Disposal _____ Septic _____ Sewer _____

Water Supply _____ Public Water _____ Agreement Letter for Service
_____ Well _____ gal per Minute _____ Test Certification

Heating System _____ Electric _____ Oil _____ Gas _____ Wood
_____ Force Air _____ Boiler
_____ Other Explain _____

Central Air _____ Number of Fireplaces _____

Size of: Decks _____ Porches _____ Storage Shed _____

Swimming Pools Sizes _____ In-ground _____ Above-ground _____ Deck

***** MUST ACCOMPANY APPLICATION*****

- 1. ATTACH PLOT PLAN AND ANY BUILDING, ADDITIONS OR ALTERATIONS**
- 2. FLOOR PLANS AND HANDICAP ACCESSIBILITY OF THE ESTABLISHMENT IS REQUIRED**