TOWN OF UNION BUILDING PERMIT APPLICATION

3111 East Main Street - Endwell, NY 13760

Office (607) 786-2920 Ken (607) 786-2353 Fax (607) 786-2320 Gary (607) 786-2922



Date			COUNTY, NE	
Permit Number		Fee		
Location	Zo	ning District	Flood Zone	
Owner		Phone No		
Purpose: Erect	RepairRenovate	ExtendI	MoveDemolish	
Description of alteration	or addition			
Type of Construction		Cost of Construction		
General Contractor		Phone Number		
Worker's Compensation a	and NYS Disability or Waiver	Form: Y N		
Occupancy	Square Footage	_ Site Plan: Y N	Construction Plans: Y N	
PLOT PLAN AN	D BUILDING PLANS SH	IALL ACCOMPAN	THIS APPLICATION	
 Contractor is responsible Rough and final plumbir Excavation permit require curb, gutter, right of war Call before you dig! The undersigned being duly sw	val prior to C.O. ncy necessary ay be necessary equired ince (if required) pied before first obtaining a Certi e for contacting the appropriate ir ng, electrical service, rough and fir red for modifications to the Town y or street. Call Dig safely at 811 or go AFF rorn, deposes and says that he/sh	aspector for the following in that electrical, foundation, fr sewer system and for work to to <u>www.digsafelytal</u> IDAVIT the is the owner or authoriz	or rear setback d in district ses not permitted meet standards inspections as necessary: raming, fireplace and final building. that entails disturbance to sidewalk, inewyork.com ed agent of the owner, and that he/she	
completed structure and/or oc Code and all existing laws and whether specified herein or no and Disability Insurance, certific insurance, a completed Form may be made by the building in	cupancy for which this application ordinances governing the erection of, and that all workmen engage cates of which is herewith filled wherewith filled wherewi	in is made will be in accord in and occupancy of structu d thereupon are covered b with the issuing authority of herewith granted that insp	ations pertaining thereto, and that the dance with the New York State Building tres and premises in the Town of Union, by Workman's Compensation Insurance r if not required by law to provide such ections of the structures and premises .	
Signature (Owner/Authori	-			
☐ Disapproved ☐ App	proved <u>uilding Inspec</u> t	cor	Date	