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## APPLICATION FOR PERMIT – RESIDENTIAL

<b>FOR TOWN USE ONLY</b>	Application No. _____	Permit No. _____
Date Submitted _____	Permit Fee \$ _____	Map No. _____
Date Approved _____	Receipt No. _____	Zoning District _____
Date Denied _____	Check No. _____	Occupancy _____ Construction _____
Approved By _____	Conditions of Approval _____	

**Print or Type clearly and fill in all spaces that apply!**

Application is hereby made to the Director of Planning & Development for the issuance of a Building Permit pursuant to all applicable codes, ordinances and laws regulating and governing the erection, construction, enlargement, addition, alteration, repair, replacement, improvement, removal, demolition, conversion of any building or premises or part thereof in the Town of Salina.

Address of Property:		Zip Code:
Lot Number:	Tract:	
<b>PROPERTY OWNER</b>		
Name:	Phone #:	
Address (City/State/Zip):	E-mail:	
Tenant Company Name:	Fax #:	
Applicant Name:	Phone #:	
Address:	E-mail:	
Designer Name:	Phone #:	
Address:	E-mail:	
Name of Contractor	Phone #:	
Address (City/State/Zip):	E-mail:	
Insurance Company:	Policy#:	Expiration Date:
<i>(Contractor to attach a copy of Certificate of Insurance including liability, workers compensation and disability insurance or NYS exemption certificate.)</i>		
Nature of Work (check all applicable – work not identified will require separate application form.)		
<input type="checkbox"/> New building	<input type="checkbox"/> Move building	<input type="checkbox"/> Addition
<input type="checkbox"/> Deck	<input type="checkbox"/> Demolition/Remove	<input type="checkbox"/> Roofing
<input type="checkbox"/> Shed	<input type="checkbox"/> Fire Protection System	<input type="checkbox"/> Fence
<input type="checkbox"/> All others (Describe)	<input type="checkbox"/> Alteration/Repair	<input type="checkbox"/> Swimming pool/Spa
	<input type="checkbox"/> Fire Repair	<input type="checkbox"/> Foundation
	<input type="checkbox"/> Fireplace/stove	<input type="checkbox"/> Mechanical work
	<input type="checkbox"/> Garage	<input type="checkbox"/> Temporary tent
Describe proposed work, including use and size of all items checked above:		
The application must contain all information found on the handout sheet to be considered complete and to be processed.		
Parcel type: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Other		
# Dwelling units:	Square feet:	
Electrical Application #:	Agency:	
Plumbing Permit #:	Plumber:	
Estimated VALUE of all work, materials and labor for the work under this application: \$		
Property Located in Flood Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Located in Wet Lands: <input type="checkbox"/> Yes <input type="checkbox"/> No	Easements: <input type="checkbox"/> Yes <input type="checkbox"/> No

The below signed applicant has read the instructions for Application for Building Permit. The below signed applicant hereby affirms under the penalty of perjury that to the best of his/her knowledge and belief the information given and accompanying this Application for Building Permit is accurate and true. The applicant agrees to comply with all applicable laws, ordinances and regulations; that all statements contained in this application are true to the best of his/her knowledge and belief and that all work will be performed in the manner set forth in the application and in the plans and specifications filed therewith.

Owner Signature \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_