

# Town of Perrysburg Building Permit Application

Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone (Home) \_\_\_\_\_

(Cell) \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

Application Date: \_\_\_\_\_

FEE: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Zoning: Variance Required? \_\_\_\_\_

Special Use Permit? \_\_\_\_\_

Zoning Board Approval/Disapproval

Date: \_\_\_\_\_

## Inspections Required for Certificate of Occupancy (signed by inspector)

Site Plan Review: \_\_\_\_\_

Date: \_\_\_\_\_

Foundation: \_\_\_\_\_

Date: \_\_\_\_\_

Framing: \_\_\_\_\_

Date: \_\_\_\_\_

Insulation: \_\_\_\_\_

Date: \_\_\_\_\_

Plumbing: \_\_\_\_\_

Date: \_\_\_\_\_

Electrical: \_\_\_\_\_

Date: \_\_\_\_\_

Well/Septic: \_\_\_\_\_

Date: \_\_\_\_\_

Final: \_\_\_\_\_

Date: \_\_\_\_\_

Health Department Review Required? \_\_\_\_\_

Date: \_\_\_\_\_

Certificate of Occupancy # \_\_\_\_\_

Certificate of Compliance # \_\_\_\_\_

NAME \_\_\_\_\_  
BUILDING ADDRESS \_\_\_\_\_  
PERMIT FOR \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_  
DATE ISSUED: \_\_\_\_\_

TOWN OF PERRYSBURG APPLICATION FOR BUILDING PERMIT

NOTE: No permit for new construction will be issued unless this application is properly filled out. One set of plans, specifications, and a plot plan (see page four) must be submitted with this application

**INSTRUCTIONS**

1. This application is to be filled out by typing or printing and must be submitted to the Code Enforcement Officer of the Town of Perrysburg
2. The work covered by this application shall not be commenced before issuance of a Building Permit by the Code Enforcement Officer.
3. Upon approval of this application, a Building Permit will be issued to the applicant by the Code Enforcement Officer. The Building Permit shall be posted upon the premises in a conspicuous place so as to be visible from the street throughout the period of construction.
4. No structure or use for which a Building Permit has been issued shall be occupied or used in whole or in part upon completion for any purpose until a Certificate of Occupancy shall have been granted by the Code Enforcement Officer

Owner (if different from applicant)  
Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_

Phone: (home/office) \_\_\_\_\_

Phone: (cell) \_\_\_\_\_

Phone: (cell) \_\_\_\_\_

Certificates Received?

General Liability \_\_\_\_\_ Workers' Compensation \_\_\_\_\_ Disability \_\_\_\_\_  
*(last two not required for sole proprietorships or partnerships without employees)*

**AFFIDAVIT**

STATE OF NEW YORK

SS:

COUNTY OF

I swear that to the best of knowledge and belief the statements contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done on the described premises and that all provisions of the Building Codes and Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the owner.

Signature of Owner \_\_\_\_\_

Date \_\_\_\_\_

Signature of Contractor \_\_\_\_\_

Date \_\_\_\_\_

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

CONSTRUCTION INFORMATION

New Construction \_\_\_\_\_ Addition \_\_\_\_\_ Alteration \_\_\_\_\_

Other (please explain) \_\_\_\_\_

Location \_\_\_\_\_  
(Street number and name)

Size of Lot \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_ Zoning of Location \_\_\_\_\_

Cost of project \_\_\_\_\_ Size (square feet) \_\_\_\_\_

Date Work to Start \_\_\_\_\_ Date of Completion (approximate) \_\_\_\_\_

Building Type \_\_\_\_\_

Intended Use \_\_\_\_\_

Foundation Type \_\_\_\_\_ Roof Material \_\_\_\_\_

Exterior Walls \_\_\_\_\_ Interior Walls \_\_\_\_\_

Heating Facilities \_\_\_\_\_ Chimney Construction \_\_\_\_\_

Water Source: Well \_\_\_\_\_ Municipal \_\_\_\_\_ Engineer's Stamp \_\_\_\_\_

Sewage Disposal: Public \_\_\_\_\_ Private \_\_\_\_\_ Perc \_\_\_\_\_

Driveway Required? \_\_\_\_\_ Date \_\_\_\_\_ Highway Supt. \_\_\_\_\_

If Modular, HUD \_\_\_\_\_ NYS \_\_\_\_\_

Model Number \_\_\_\_\_ Serial # \_\_\_\_\_ Year \_\_\_\_\_

State Permits Required?  
SEQRA \_\_\_\_\_ Wetlands \_\_\_\_\_ Storm Sewer \_\_\_\_\_

Right of Way \_\_\_\_\_ UFPO \_\_\_\_\_

Solid Fuel Burning Appliance

Make and Model Number \_\_\_\_\_

Material Under Appliance \_\_\_\_\_

Material on walls behind Appliance \_\_\_\_\_

Manufacturers recommended:

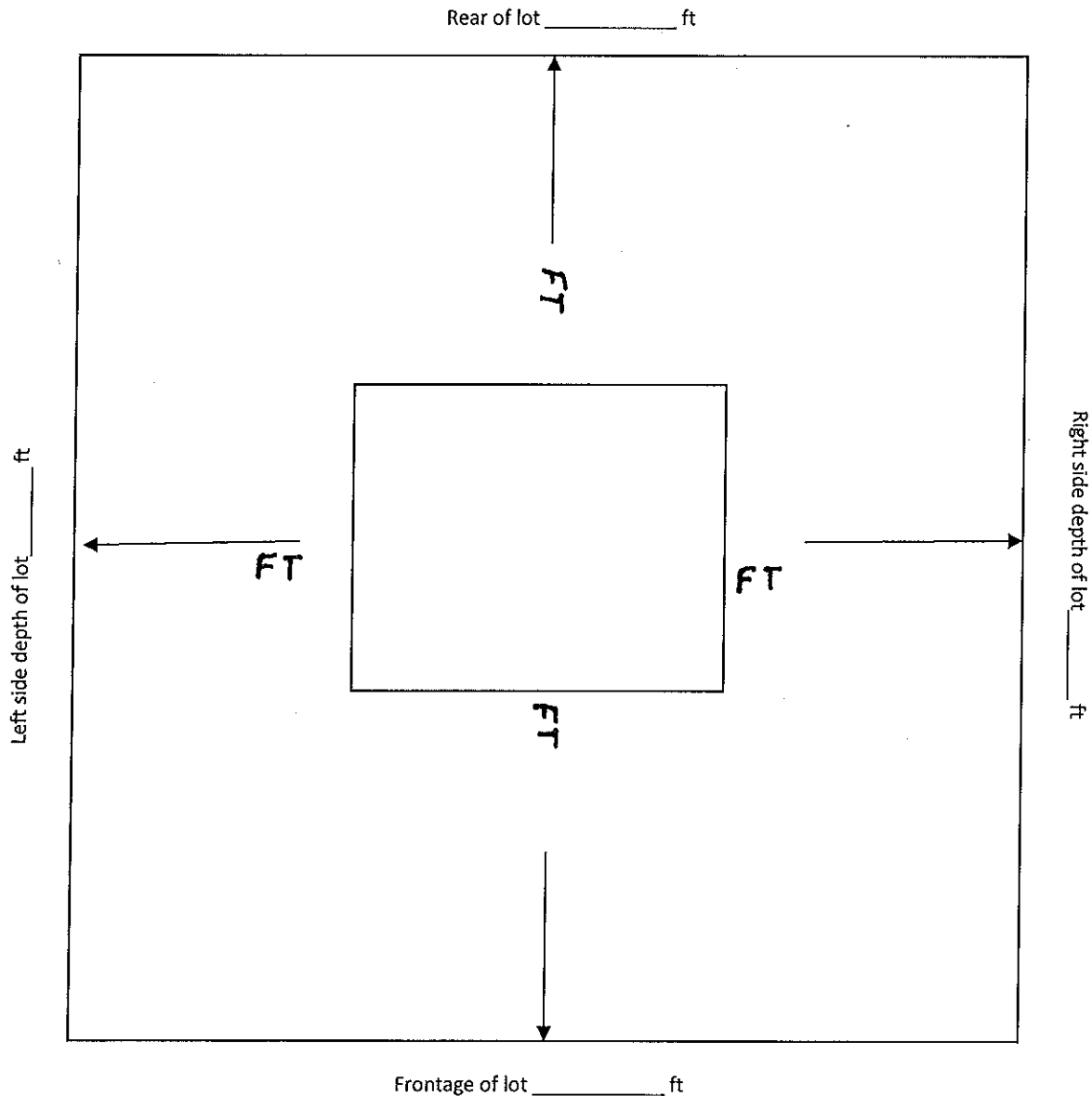
Distance from nearest walls \_\_\_\_\_ Flu size \_\_\_\_\_

**UFPO – IT'S THE LAW!! CALL BEFORE YOU DIG: 1-800-962-7962**

# PLOT PLAN

1. This page shall be used for the drawing of a plot plan for all major construction and additions and in such other cases as the Building and Zoning Officer deems necessary.
2. The plot plan shall show the location and size of the lot, locations and sizes of buildings and structures upon the premises (both existing and proposed) and their relationship to adjoining premises and public streets
3. Locate and label clearly and distinctly all buildings and structures, show widths and depths of all yards, show names of all streets and indicate north with an arrow

## SHOW DISTANCE FROM BUILDING TO SIDE, FRONT AND REAR LOT LINES



Street Name \_\_\_\_\_