

TOWN OF GREENFIELD
BUILDING DEPARTMENT
PO Box 10
GREENFIELD CENTER NY 12833

TAXMAP# _____

BUILDING PERMIT NUMBER: _____

PHONE: (518)893-7432 / FAX: (518)893-2460

All construction to be in compliance with the Building Code of New York State and TOWN of Greenfield Zoning Codes.

PLEASE PRINT LEGIBLY OR TYPE

1. APPLICANT:

Name: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: (_____ Extension: ----'----

2. PROPERTY OWNER:

Name: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: (_____ Extension: _____ Liability Carrier: _____ Policy# _____

3. PROPOSED CONSTRUCTION LOCATION:

911 Street Number _____ Street Name _____
Tax Map# _____ Zoning District _____

4. LOT INFORMATION:

Lot Dimensions: _____ feet wide _____ feet deep Lot area: _____ Square feet or acres
Frontage _____ Front Yard Setback _____ Rear Yard Setback _____
Left Side Yard Setback _____ Right Side Yard Setback _____ Characteristics _____

5. USE:

Existing Use _____ Occupancy _____ Proposed Use _____ Occupancy _____

6. TYPE OF WORK:

New House Addition _____ Alteration _____ Renovation _____ Dock _____ Septic System _____ Other _____

7. PROPOSED BUILDING:

Height: _____ Actual Stories _____ Total Size: _____ Sq. Ft. Living Area _____ Sq. Ft. Type of Frame _____
Type of Foundation _____ Number of Bedrooms _____ Primary Heating System _____ Type of Fuel _____
Septic Tank Size _____ gallons _____ Test Rate _____ Total Length of Leach Field _____
Mobile Home: Date of Manufacture _____ Model _____ Garage: Attached or Detached _____ Sq. Ft. (Circle one)

8. ARCHITECT/ENGINEER:

Name: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: (_____ Ext. _____ Professional License Number _____ State _____

9. CONTRACTOR:

Name: _____ Organization: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: (_____ Ext. _____ Liability Carrier _____ Policy# _____
Workers' Compensation _____

10. COMMAND FEES:

Estimated Construction Cost \$ _____ Building Permit Fee \$ _____ Method of Payment _____

11. AFFIDAVIT:

I swear to the best of my knowledge and belief the statement contained in this application, together with the plans and specifications submitted, are a true and complete statement of all proposed work to be done in the described premises and that all provisions of the Building Code of New York State, and the Town of Greenfield Zoning Ordinance, 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.

12. SIGNATURE _____ **DATE** _____

(Owner or Owner's Agent)

BELOW THIS LINE TO BE COMPLETED BY THE BUILDING DEPARTMENT

ACTION OF APPLICATION:

PERMIT ISSUED DATE _____ PERMIT EXPIRATION DATE: _____

SIGNED, _____

PERMIT DENIED DATE: _____ SIGNED _____

-REASON FOR DENIAL: _____

VARIANCE/SPECIAL PERMIT GRANTED BY: _____ VARIANCE/SPECIAL PERMIT #: _____ DATE: _____

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SAMPLE