

APPLICATION FOR RESIDENTIAL BUILDING/PLUMBING PERMIT

TOWN OF GREECE TECHNICAL SERVICES

Building Office
(585) 723-2443 or 723-2460
FAX: (585) 723-2457

1 Vince Tofany Blvd.
Greece, NY 14612

Inspection Phone Line
(585) 723-1923
GRIP Inspection – 723-2384

Site Address: _____ Date: _____

Owner Name: _____ Contractor: _____

Owner Address: _____ Contractor Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (w or c) _____ Phone: (w) _____ (c) _____

Email: _____ Email: _____

Fax: _____

Permit Information: Circle or Check one of the following:

Addition	Fill	Furnace	Hot Tub	Pool Heater	Sewer Repair
Boiler	Fireplace – Gas	Garage – Attached	Other	Porch – Covered	Shed
Deck	Fireplace – Gas insert	Garage – Detached	Plumbing	Porch – Enclosed	S.F.D. - New
Deck (Pool)	Fireplace – Masonry	Gazebo	Pool - Above Ground	Reline	Water Heater
Demo	Fireplace – Pellet Stove	Generator	Pool – In Ground	Remodel	
Fence	Fireplace – Wood Stove	G.R.I.P.	Pool Barrier	R.P.Z.	

Carbon Monoxide Alarm: YES/NO (Eff: 2/22/10 NYS Law requires CO2 alarms in all residences)

Value of Construction: \$ _____ Describe project in detail: _____

Accessory Structure _____ x _____ Addition (1st floor) sq. ft. _____ (2nd floor) sq. ft. _____
Accessory Total sq. ft. _____ Addition Total sq. ft. _____

New – S.F.D. 1st floor sq. ft. _____ 2nd floor sq. ft. _____ Total sq. ft. _____ Lot # _____

Subdivision _____ Section _____ Architect Name: _____

A building permit expires **12 months** from the date of permit issuance. **Life safety – pools, pool decks, furnaces, etc. expire at 3 months.**
Application is hereby made to the building office for the issuance of a building/plumbing permit pursuant to Title 19 NYCRR Code for the construction of buildings, additions or alterations, or the removal or demolition as herein described. The applicant or owner agrees to comply with all applicable laws, ordinances, regulations and all conditions expressed on this application (which are part of these requirements), and also will allow all inspectors to enter the premises for the required inspections.

Applicant Name (please print clearly)

Contractor Name (please print clearly)

Plumber Name (please print clearly)

Applicant Signature

Contractor Signature

Plumber Signature

FEES
 ___ Recreation \$ _____
 ___ Town Sewer \$ _____
 ___ County Sewer \$ _____
 ___ Overlay Dist. \$ _____
 ___ Traffic \$ _____
 ___ House \$ _____
 ___ Storm Sewer \$ _____
 ___ C of O \$ _____

Complete permit package check list
 ___ Instrument Survey Map
 ___ 2 sets of Plans (Town & Assessor)
 ___ Highway Permits
 ___ Contractor Insurance Liability & Comp.
 ___ Res. Check ___ Plot Plan
 ___ Heat Loss ___ Site Plan Compliance

Permit Review
 Received by _____
 Reviewed by _____
 Date Review _____
 Variance _____
 FEMA _____
 Check Rec'd _____

TOTAL PERMIT FEES \$ _____