

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 Enclosure	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 \$ _____

