

Town of Concord
86 Franklin Street
PO Box 368
Springville, NY 14141

Code Enforcement Officer
Al Pirro
Telephone (716) 592-4946 x 14
Cell (716) 491-6179

**TO OBTAIN A BUILDING PERMIT,
THE FOLLOWING IS PERMIT:**

1. Two sets of construction plans showing:
 - (a) Floor plans
 - (b) Typical sections

*One set of plans will remain with the CEO. The second set will be returned to the applicant to be kept at the work site so as to be available for use by the CEO.

2. Certificate for septic system approval from Erie County Board of Health is required.
3. An excavation permit, if required, must be obtained through the Highway Department for front culvert pipe and road cut for sewer (required for dwellings not in a subdivision).
4. Any residential building or addition thereto, requires a professional architect or engineers' stamp registered in New York State.
5. If a house number is needed, please have your culvert in and a sign with your name on it by the driveway. House numbers are obtained from the Town of Concord Assessor's Office. Please contact that office at 592-4947 as soon as possible or in person during regular business hours. The assigned number should be posted at the driveway at all times.

Please see the attached Construction Inspection Checklist for additional requirements.

**Town of Concord
Code Enforcement/Building Inspector**

86 Franklin Street
P.O. Box 368
Springville, NY 14141
(716)592-4946
Cell (716) 491-6179

Building Permit Number: _____

Owner Name: _____

(please print)

Location: _____

Date Received: _____

New Permit Application _____ Renewal Permit Application _____

Permit Fee \$ _____

Paid \$ _____ cash check # _____

Received: _____ By: _____

To the best of my knowledge, the foregoing application and plans conform to the codes and policies of the Town of Concord.

Code Enforcement Officer

Date

Town of Concord Building Permit Application

Property Address: _____

SBL# (attach copy of tax bill): _____

Zone: _____

Applicant is: Property Owner Contractor Other _____

Name: _____

Address: _____

Phone No. _____ Day Phone/Cell No. _____

Signature: _____ Date: _____

Application is hereby made for permission to:

<input type="checkbox"/> Build	<input type="checkbox"/> Alter	<input type="checkbox"/> Repair	<input type="checkbox"/> Move
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To be used as:

<input type="checkbox"/> Single Dwelling	<input type="checkbox"/> Alteration	<input type="checkbox"/> Pole Barn	<input type="checkbox"/> Deck
<input type="checkbox"/> Double Dwelling	<input type="checkbox"/> Addition	<input type="checkbox"/> Barn	<input type="checkbox"/> Patio
<input type="checkbox"/> Apartment	<input type="checkbox"/> Major Renovation	<input type="checkbox"/> Garage	<input type="checkbox"/> Porch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Car Port	<input type="checkbox"/> Gazebo
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shed	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other

Building

Addition

Size: _____ feet long: _____ feet wide: _____ feet high: _____

North South East West side of Street: _____

Highway: Town _____ County _____ State _____

House Number: _____ Zoning: _____

Lot Dimensions: _____ Square Footage: _____

Feet from Lot Lines: Front: _____ Side _____ Rear _____ Corner Lot _____

The estimated value of project exclusive of land is: \$ _____

State type and use of other buildings on the same lot: _____

Permit No. _____
Year _____

**Deed Restrictions: The Town of Concord is not responsible to enforce deed restrictions. Refer to your deed for any restrictions.*

Name of Building Contractor: _____ Phone No. _____
Address: _____

Workers Compensation Ins.: _____ NYS Disability Ins.: _____
Plumbing Contractor: _____ Phone No. _____
Address: _____

Type of Sewage:
Public Sewer, Permit No. _____ Private Septic System, Letter of Approval _____

Project Information: one story two story attached garage, capacity (cars) _____

Permit No.: _____ Issued: _____

No person shall make any change in plans herewith submitted for specifications herein contained, or in the structural part of the building without written consent of the Building Inspector. Plans must be submitted with this Application and must comply with State Building Construction Code.

Owner Signature: _____ Phone: _____
Address: _____

I have reviewed the foregoing Application and building plans and the premises as described to the extent that the items indicated herein conform to Building Code, Sanitary Code and safety requirements and the Codes of the Town of Concord.

Permit Fee: \$ _____ + Additional Fee (if applicable) \$ _____ = Total Fee \$ _____

Town of Concord Code Enforcement Officer