

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"/> Move	<input type="checkbox"/> Stone	<input type="checkbox"/> Plastic
<input type="checkbox"/> Alter	<input type="checkbox"/> Frame	<input type="checkbox"/> Concrete	<input type="checkbox"/> Steel
<input type="checkbox"/> Repair	<input type="checkbox"/> Brick	<input type="checkbox"/> Concrete Block	<input type="checkbox"/> Stucco
<input type="checkbox"/> Extend	<input type="checkbox"/> Brick Veneer	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Aluminum

To be used as:

<input type="checkbox"/> Single Dwelling	<input type="checkbox"/> Pole Barn	<input type="checkbox"/> Alteration	<input type="checkbox"/> Deck
<input type="checkbox"/> Double Dwelling	<input type="checkbox"/> Garage	<input type="checkbox"/> Addition	<input type="checkbox"/> Patio
<input type="checkbox"/> Apartment	<input type="checkbox"/> Barn	<input type="checkbox"/> Dormer	<input type="checkbox"/> Porch
<input type="checkbox"/> Townhouse	<input type="checkbox"/> Car Port	<input type="checkbox"/> Roof Only	<input type="checkbox"/> Gazebo
<input type="checkbox"/> Office Building	<input type="checkbox"/> Shed	<input type="checkbox"/> Major Renovation	<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 _____

Permit No. _____
Year _____

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

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

**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