

1445 County Route # 6, Fulton, NY 13069 Department of Code Enforcement

Phone (315) 598-3803 Fax (315) 598-3803

APPLICATION FOR BUILDING PERMIT

(This upper section for office use only)

DATE SUBMITTED:	-	PERMIT #
	TAX MAP #	
	DATE APPROVED:	APPROVED BY:
	DATE DENIED:	REASON:
	FEE: \$	ZONING DIST:
Application is hereby made to the Code Enfo applicable codes, ordinances, and laws regula repair, replacement, improvement, removal, building or structure within the boundaries of	ating the government erection, con demolition, conversion and chang	struction, enlargement, addition, alteration, e in the nature of the occupancy of any
**********	**********	************
ADDRESS OF PROPERTY:		
PROPERTY OWNER:		PHONE:
MAILING ADDRESS:		
NATURE OF WORK: DESCRIBE PROPOSED USE AND SIZ	E OF THE NATURE OF WO	RK CHECKED ABOVE:
ESTIMATED VALUE OF ALL WORK \$, MATERIALS AND LABOR	FOR PROPOSED PROJECT:
The below signed applicant has read the instruction the best of his/her knowledge the information give applicant agrees to comply with all applicable law to the best of his/her knowledge and belief and the specification filed therewith.	en and accompanying this application is, ordinances and regulations, that all	for a building permit is accurate and true. The statements contained on this application are true
PRINT NAME & DATE	SIC	GNATURE OF APPLICANT