

# TOWN OF ELLICOTT

Ellicott Administrative Building – 215 South Work Street – Falconer, NY 14733

Phone 716-665-5317 – Fax 716-488-1160 – Email: [code@townofellicott.com](mailto:code@townofellicott.com)

## BUILDING PERMIT APPLICATION

Property Street Address: \_\_\_\_\_

Tax Parcel Number (SBL): \_\_\_\_\_

Property Owner: \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Applicant: (other than owner) \_\_\_\_\_

Name

Address

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

### CONTRACTORS

GENERAL CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

PLUMBING CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

ELECTRICAL CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

HEATING, VENTILATING & AC CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

FIRE PROTECTION CONTRACTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_

New Construction  Addition  Alterations  Other

Proposed Work: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Square Footage \_\_\_\_\_ Total Estimated Cost \$ \_\_\_\_\_

## REQUIRED SITE PLAN DRAWING

(FOR ADDITIONS AND ALTERATIONS ONLY – NEW CONSTRUCTION WILL REQUIRE A SURVEY COMPLETED BY A NYS LICENSED SURVEYOR)

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1. Draw the lot size (record the total acreage and distance in feet of all sides of property).
2. Draw the location of any existing buildings on property and any buildings on adjoining property within ten feet of property lines. (record all building sizes and distances).
3. Draw the location of the proposed work in relation to attached or surrounding buildings (record all distances).
4. Measure and record distance of front yard set-back, side yard set-back, and rear yard set-back of proposed construction.

DRAW SITE PLAN HERE OR ATTACH DRAWING TO APPLICATION  
(Drawn to Scale)

# DECLARATION

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Under penalty of perjury, I swear that to the best of my knowledge and belief the statements contained in this application are a true and complete statement of all proposed work to be completed on the described premises and that all provisions of the NYS Building Codes and the Town of Ellicott Zoning Codes and all other laws pertaining to the proposed work shall be complied with, whether specified or not, and that such work is authorized by the property owner. I acknowledge that zoning code information relating to the applicant's zoning district has been reviewed.

## Residential Projects:

Signature of Property Owner \_\_\_\_\_ Date \_\_\_\_\_

## Commercial/Industrial Projects:

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Name & Business Information \_\_\_\_\_  
\_\_\_\_\_

Fee(s) Paid      Zoning \$ \_\_\_\_\_      Check # \_\_\_\_\_  
                         Building \$ \_\_\_\_\_      Check # \_\_\_\_\_

Zoning Approval Date: \_\_\_\_\_

Date Application Received \_\_\_\_\_

Application Approved \_\_\_\_\_      Application Denied \_\_\_\_\_

1. The permit placard MUST be displayed in a conspicuous location on the building site until a Certificate of Compliance or occupancy has been issued.
2. Final inspection when all required work is completed.
3. The work covered by this application shall not start prior to the issuance of the permit.
4. If you have any questions or to schedule an inspection you may call the code enforcement office at 665-5317 Extension 209