**CITY OF JOHNSTOWN FIRE DEPARTMENT CODE ENFORCEMENT OFFICE**

**244 N. Perry St., Johnstown, NY 12095 (518) 736-4076**

**APPLICATION FOR** **BUILDING PERMIT**

WITHIN THE CITY OF JOHNSTOWN

*APPLICATION* is hereby made to the Code Enforcement Officer for a Building Permit pursuant to the New York State Uniform Fire Prevention and Building Code for construction of buildings, additions, alterations, removal or demolition as herein described. The applicant agrees to comply with all applicable laws, ordinances and regulations, etc. as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address Name Type of Permit

A. The applicant shall notify the Code Enforcement Office of any changes in the information contained in the application during the period for which the permit is in effect. **A permit will be issued when the application has been determined to be complete and when the proposed work is determined to conform to the requirements of the Uniform Code.** The authority conferred by such a permit may be limited by conditions.

B. A building permit may be suspended or revoked if it is determined that the work for which it pertains is not proceeding in conformance with the Uniform Code or with any condition attached to such permit, or if there has been a misrepresentation or falsification of a of a material fact in connection with the application for permit.

C. A building permit shall expire **one (1) year from the date of issuance** or upon the issuance of a Certificate of Occupancy (other than a temporary certificate of occupancy), whichever comes first. The permit may, upon written request, be renewed for successive one-year periods provided that **(1.)** the permit has not been revoked or suspended at the time the application for renewal has been made; **(2.)** the relevant information in the application is up to date; and **(3.)** the renewal fee is paid (half cost of original permit).

**CERTIFICATION:**

 **I hereby certify that I have read the instructions and examined this application and known the same to be true and correct. All provisions of Laws and Ordinances covering this type of work will be completed with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other State or Local Law regulating construction or the performance of construction.**

**Applicant Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_

*FOR OFFICE USE ONLY*: Permit # Tax Map # Issued:

**PROPERTY OWNER’S INFORMATION** (if a business, provide Title/Position/Organization)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone(\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

**CONSTRUCTION LOCATION** (if different from above)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTRACTOR INFORMATION**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE # (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_

**IS CURRENT INSURANCE ON FILE?** WORKERS COMPENSATION GENERAL LIABILITY

Subcontractor(s) Information

PROVIDE **WRITTEN** **DESCRIPTION** **WITH** **DETAILS**

**ESTIMATED COST OF PROJECT $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ATTACH DRAWING** OF PLOT PLAN AND/OR CONSTRUCTION PLAN **IF NEEDED**

**For Office Use Only:**

PERMIT FEE: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received on: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

Action (Circle One): ISSUED DISAPPROVED Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Entered on computer: [ ] Name \_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_

**Inspections**

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Approved / Disapproved

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Approved / Disapproved

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Approved / Disapproved

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Approved / Disapproved

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ CEO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle One: Approved / Disapproved