

Application for Commercial Renovation Permit



PLANNING & BUILDING DEPARTMENT
85 EAST MAIN STREET
VICTOR NY 14564
www.victorny.org
585-742-5035
585-924-0202 FAX
codes@town-victor-ny.us

INSTRUCTIONS

*The undersigned hereby makes application for the work indicated on this form and required documentation. This application will be reviewed by the code enforcement official, whose review will be based on the supplied documentation.
The permit will be issued when all review notes are addressed, contractor insurances are on file, and permit fees are paid.*

COMPLETE PERMIT PACKAGE CHECKLIST

Incomplete applications will not be accepted

- Completed application
- Energy conservation statements
- 3 sets of stamped architectural plans
- Sprinkler & Alarm plans

APPLICATION INFORMATION

Address of Job Site _____ Work Start Date _____
Business Name _____ Estimated End Date _____
Nature of Work _____ Estimated Value of Work _____

- Occupancy type: Assembly (A) Business (B) Educational (E)
 Factory (F) High-Hazard (H) Institutional (I)
 Mercantile (M) Residential (R) Storage (S) Utility (U)

**OUR OFFICE ISSUES COMMENTS AND FINAL CERTIFICATES VIA EMAIL.
PLEASE DOUBLE CHECK EMAIL ADDRESSES.**

Applicant's Name _____	Best phone # _____
Applicant's Address _____	
Applicant's Email _____	
Owner's Name _____	Best phone # _____
Owner's Address _____	
Owner's Email _____	
Contractor's Name _____	Best phone # _____
Contractor's Address _____	
Contractor's Email _____	

BUILDING OWNER CERTIFICATION

To be signed by owner (if not applicant) or submit a letter from landlord

I, _____, hereby certify that I have full knowledge of the proposed work as described herein and take no exception to such activity. I understand I cannot occupy or use area of work until completed and final certificates are issued by the Town of Victor. I further understand it is ultimately my responsibility that the project meets the NYS Uniform and Building Codes and the local zoning code.

Signature of Owner/title: _____ Date _____

PROJECT DATA AND CONTACT INFORMATION

Square Footage: First Floor _____ Second Floor _____ Other _____

Is this project in a flood plain? _____ If so, please contact building department for additional forms.

Fire alarm system to be installed? _____ Local or Monitored system? _____

Contact person on site: _____ phone _____

Plumbing contractor: _____ phone _____

Electrical contractor: _____ phone _____

HVAC contractor: _____ phone _____

Sprinkler contractor: _____ phone _____

Acceptance does not relieve the agent, applicant, architect, builder, engineer, or owner from complying with any of the provisions of the NYS Building Code, Energy Code, SEQR Act, Local Zoning, etc., whether stated, implied, or omitted in the plans and specifications submitted for the building permit. Incorrect information may result in revocation of permit.

Signature of Applicant: _____ Date _____

02Mar16 Version

For Office Use Only

Signature Date

Examined by _____

Total Permit Fee _____

Approved/Denied by _____

Receipt # _____

Permit # _____

Date Issued _____