

VILLAGE OF UNION SPRINGS

PO Box 99 26 Chapel St.

Union Springs, NY 13160

PHONE (315)889-7341 FAX (315)889-7342

clerk@unionspringsny.com

DATE: _____

BUILDING/CONSTRUCTION PERMIT APPLICATION

BUILDING PERMIT NUMBER: _____

NAME OF OWNER: _____

ADDRESS: _____

PHONE: _____

EMAIL ADDRESS: _____

CONTRACTOR: _____

ADDRESS: _____

PHONE: _____

FOR OFFICE TO COMPLETE

LOCATION: _____ TAX MAP # _____

ZONING _____ VARIANCE _____

EXISTING USE: _____ SITE PLAN: _____

LOT SIZE,
FRONTAGE: _____

NATURE OF WORK: _____

COST OF PROJECT: _____

PERMIT FEE: _____ CHECK# _____ CASH _____

COMMENTS: _____

I HEREBY CERTIFY THAT:

- 1) The above information is true, to the best of my knowledge.
- 2) The construction to be undertaken under this permit will meet all requirements provided by the State of New York, the County of Cayuga and ordinances of the Village of Union Springs.
- 3) All workmen all covered by workman's compensation and a certificate must be filed with this application.
- 4) The building to be constructed will not be occupied until a certificate of occupancy or compliance is issued.
- 5) I agree to notify and submit to the Village of Union Springs building inspector the following inspections:
 - A) Before footer is poured and after foundation is set prior to backfilling.
 - B) Upon completion of structural framing.
 - C) Upon completion of rough plumbing.
 - D) Upon completion of insulation.
 - E) An electrical inspection is supplied by the contractor (owner).
- 6) Permission is hereby granted to the Village of Union Springs and its authorized representatives, upon showing proper identification, to enter the above premises and/or building during reasonable working hours to discharge their duties.

Kevin Thurston: Code Enforcement Officer

Cell#(315)916-4264

Email: vuscodeofficer@icloud.com

OTHER INFORMATION:

OWNER'S SIGNATURE _____

DATE _____

CONTRACTOR'S SIGNATURE _____

DATE _____

PERMIT REVIEWED BY: _____

APPROVED: _____

DENIED _____