

# Application for Commercial New Building Permit



PLANNING & BUILDING DEPARTMENT  
 85 EAST MAIN STREET 585-742-5035  
 VICTOR NY 14564 585-924-0202 FAX  
 www.townofvictorny.gov codes@townofvictorny.gov

## 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**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Completed application   | <input type="checkbox"/> 3 sets of stamped architectural plans | <input type="checkbox"/> Sprinkler & Alarm plans        |
| <input type="checkbox"/> Building specifications | <input type="checkbox"/> Special Inspector Information         | <input type="checkbox"/> Energy conservation statements |

### 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 _____	

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, SEQRA 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 \_\_\_\_\_

**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 \_\_\_\_\_

Heating systems/type:  furnace  boiler  heat pump  other \_\_\_\_\_  
 forced air  radiant  circulating  other \_\_\_\_\_

Setbacks: Front \_\_\_\_\_ Right side \_\_\_\_\_ Left side \_\_\_\_\_ Rear \_\_\_\_\_

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? \_\_\_\_\_

Fire Safety Plan to be written by? \_\_\_\_\_ phone \_\_\_\_\_

Contact person on site: \_\_\_\_\_ phone \_\_\_\_\_

Plumbing contractor: \_\_\_\_\_ phone \_\_\_\_\_

Electrical contractor: \_\_\_\_\_ phone \_\_\_\_\_

HVAC contractor: \_\_\_\_\_ phone \_\_\_\_\_

Sprinkler contractor: \_\_\_\_\_ phone \_\_\_\_\_

16Dec24 Version

**For Office Use Only**

Signature

Date

Examined by \_\_\_\_\_

Total Permit Fee \_\_\_\_\_

Approved/Denied by \_\_\_\_\_

Receipt # \_\_\_\_\_

Permit # \_\_\_\_\_

Date Issued \_\_\_\_\_