

Application for Commercial Move-In 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

Completed application Floor plan sketch, inc. fixture locations Landlord approval letter

Address of Job Site _____ Move-in Date _____

Business Name _____ Estimated Opening Date _____

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 _____	

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 _____

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For Office Use Only

Examined by _____	Total Permit Fee _____
Approved/Denied by _____	Receipt # _____
	Permit # _____
	Date Issued _____