

Application for Mall Kiosk Show, or Display Permit



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

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
- Landlord letter of permission
- Contractor insurances
- If new kiosk, construction plans showing construction and necessary flame spread ratings
- Location map of kiosk/show

Business Name _____

Date to start occupancy _____

Kiosk name _____

Date to vacate _____

- Application for:
- New or relocated tenant provided kiosk
 - Temporary Space (tables/shows)
 - Mall provided kiosk (RMU)
 - Display of Automobiles

**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 _____	
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, SEQOR 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 _____

16Dec24 Version

For Office Use Only

Signature

Date

Examined by _____

Total Permit Fee _____

Approved/Denied by _____

Receipt # _____

Permit # _____

Date Issued _____