



TownOfDanbyCodeEnforcementOffice

1830DanbyRoad
IthacaNY14850

Phone: (607)277-0799
Fax: (607)277-0559

SueBeeners
RussKlinger

Zoning/Code/FireEnforcement
Code/FireEnforcement



APPLICATIONFORBUILDINGPERMIT

(Pleasemakecheckspayabletothe TownofDanby)

APPLICATIONismadeto: (checkallwhichapply) _____BUILD, _____EXTEND, _____
CONVERT, _____RENOVATE,OR _____asdescribedbelow.

PropertyInformation:

StreetAddress _____

TaxParcelNumber _____ ZoningClass _____

PropertyOwner:

Name _____ DaytimePhone# _____ Cell# _____

MailingAddress _____

Builder:

Company _____ OfficePhone# _____ Fax# _____

MailingAddress _____

ContactPerson _____ DaytimePhone# _____ Cell# _____

BriefDescriptionofWork: _____

ProjectInformation

NumberOfStories: _____ BuildingHeight: _____ TotalNumberOfBedrooms: _____

TypeofHeat: _____ OwnerOccupied: _____ NumberOfDwellingUnits: _____

GrossSquareFootage(outsidedimensions)ofFounda tion/FloorAreaBeingBuiltorModified : (Fillin)

HeatedBasement: _____ UnheatedBasement: _____ CrawlSpaceorSlab: _____

FirstFloor: _____ SecondFloor: _____ AdditionalHeatedFloorArea: _____

AttachedGarage: _____ DetachedGarage: _____ Deck,Enclosed,CoveredPorch: _____

Other: _____

Est.ProjectCostorValue:\$ _____ BuildingPermitFee:\$ _____

Plot Plan:

Copy of surveyor scaled sketch with new construction plans. Show dimensions of setbacks from the road right-of-way line, both side boundaries, and rear of lot line. Also show location of septic system and well, along with existing structures. Area below can be used for scaled sketches of property.

on or additions sketched in, if not included on architect's lot line.

hitect's lot line. for

I HEREBY CERTIFY that the structure for which this Permit will be issued, or has been issued, will be built, or has been built, according to the latest standards of the New York State Uniform Fire Prevention and Building Code, AND FURTHER, I HEREBY CERTIFY that the required inspections will be requested and scheduled, within 48 hours' notice.

Signature of Property Owner or Authorized Agent/Applicant

Date _____