VILLAGE OF KENMORE
2919 Delaware Avenue, Kenmore, New York 14217
Michael D. Berns, Building Inspector   Phone: (716) 873-5700   Fax: (716) 873-0004

BUILDING PERMIT APPLICATION

ADDRESS: ________________________________

DESCRIPTION OF WORK: ________________________________

CONSTRUCTION VALUE $ ________________________________ A COPY OF THE CONTRACT MUST BE SUPPLIED WHEN APPLYING FOR A BUILDING PERMIT

APPLICANT: ________________________________

() OWNER   () LEASEE   () CONTRACTOR   () OTHER

APPLICANT NAME: ________________________________

COMPANY NAME: ________________________________

COMPANY ADDRESS: ________________________________ PH# ________________________________

PROPERTY OWNERS NAME: ________________________________

PROPERTY OWNERS ADDRESS: ________________________________ PH# ________________________________

ALL SUB-CONTRACTORS MUST BE LISTED BEFORE A BUILDING PERMIT IS ISSUED.

SUB-CONTRACTOR: ________________________________ SUB-CONTRACTOR: ________________________________

ALL DEBRIS MUST BE REMOVED BY CONTRACTOR. THE VILLAGE OF KENMORE IS NOT RESPONSIBLE FOR DEVIATIONS ON SURVEYS. FENCE PERMITS WILL ONLY BE ISSUED AND APPROVED FOR FENCES ON SAID PROPERTY.

ELECTRICAL AND PLUMBING PERMITS MUST BE OBTAINED BY KENMORE LICENSED CONTRACTORS. CONTRACTORS MUST PROVIDE THE NAME OF PLUMBER AND ELECTRICIAN BEFORE A BUILDING PERMIT IS ISSUED.

ELECTRICIAN: ________________________________ PLUMBER: ________________________________

ALL CONTRACTORS MUST APPLY FOR A PERMIT AND BE APPROVED PRIOR TO STARTING WORK.

PLANS APPROVED / / / BY ________________________________ PERMIT # ________________________________

TOTAL FEE $ ______________ CASH ______ CHECK ______

Applicant hereby affirms that all work shall be performed in accordance with applicable codes and regulations and authorizes the Building Inspector, his deputy or assistants to enter the premises listed herein at any reasonable time to perform all required inspections of the permitted work.

APPLICANT SIGNATURE ________________________________ DATE: ________________________________