

INSTRUCTIONS TO THE APPLICANT

1. This application shall be completed and filed in conformance with the provisions of the Building Code for the City of Utica, N.Y. and other applicable codes and ordinances.
2. No application will be accepted unless accompanied by cash, check or money order in the amount of the permit fee.
3. In the event that the application is not approved, the applicant shall be entitled to a refund of 50% of the fee paid provided no work has commenced.
4. **IMPORTANT** – Complete all items. Mark boxes where applicable. Please print all answers.

To the Director of Codes Enforcement: The undersigned hereby requests approval of a Building Permit for the following improvements.

LOCATION OF BUILDING – Number and Street _____

OWNERSHIP – Name: _____ Address: _____

TYPE OF IMPROVEMENT

- Alteration Addition Demolition Repair New Structure Replacement Swimming Pools
 Change of Occupancy Other _____

Describe in detail the type of improvement that is indicated above: _____

CLASSIFICATION OF EXISTING BUILDING

- Business Mercantile Factory Storage Assembly Garage Mixed Occupancy
 Institutional Miscellaneous Multiple Dwelling One or Two Family

Describe in detail the present occupancy of the building. If vacant, indicate the last occupancy. _____

CHANGE IN OCCUPANCY

Will any change in occupancy occur as a result of the proposed improvements? Yes No

Describe in detail any new occupancy or use. _____

TYPE OF CONSTRUCTION

- Fire-resistive Non-combustible Ordinary Heavy Timber Wood Frame
 1a 2a 2b 3 4 5

AREA _____ Sq. Ft.

For an addition to the existing structure indicate the total area (as defined in the Building Code) required for the calculation of the building permit fee.

ESTIMATED VALUE OF PROJECT	CONTRACTORS
General Construction.....	General Contractor.....
Electrical.....	Electrical.....
Plumbing.....	Plumbing.....
Heating and Air Conditioning.....	Heating and Air Conditioning.....
Other (Elev., etc.).....	Others.....
Total Cost _____

DESIGN IDENTIFICATION Name _____ Address _____

Architect _____

Engineer _____

Other _____

GENERAL COMMENTS

DATE: _____

APPLICANT'S NAME (TITLE) _____

CELL # _____ HOME# _____

SIGNATURE: _____

THIS SIDE FOR OFFICE USE ONLY

Location of Building _____

CTM: Book _____ Map _____ Block _____ Lot _____ Ward _____

Owner's Name _____

Address _____ City _____

Zoning District _____

Data Verification: Estimate Cost _____ Area _____ Volume _____

APPROVALS	YES	NO	REMARKS	SIGNATURE
General Requirements				
ZONING				
BUILDING CODE				
1. Code Requirements				
2. Plans and Specifications				
3. Plot Plans				
4. Deed				
ELECTRICAL				
PLUMBING				
ENGINEERING				

Special Requirements				
STATE LABOR DEPARTMENT				
PLANNING BOARD				
1. Scenic & Historic				
2. Other				
ZONING BOARD OF APPEALS				
COMMON COUNCIL				
OTHER				

Fee Paid _____

Permit No. _____

Date Approved _____

Date Issued _____

Approved by _____

Date Disapproved _____

General Comments _____
