

TOWN OF CONSTANTIA
PO Box 267, 14 Frederick St
Constantia, New York 13044

(315)623-9581
Code Enforcement
Cell (315)418-8206



BUILDING PERMIT APPLICATION

PERMIT # _____

Applicant's Name: _____

Address: _____

Phone Number: _____

Applicant is (check all that apply): Owner ☐ Agent ☐ Engineer/Architect ☐ Contractor ☐ Other (specify): _____

Owner's Name: _____

Address: _____

Phone Number: _____

Contractor's Name: _____

Address: _____

Phone Number: _____

Wages are being paid for performance of work: Yes ☐ No ☐

If yes, name of insurance carrier for Worker's Compensation and Disability Benefits: _____

Project Location: Municipality: **Town of Constantia** County: **Oswego**

Street Address: _____

Tax Map Number: _____

Water Supply: Municipal Water Supply: ☐ New Well: ☐ Existing Well: ☐

Wastewater: Municipal Sewer: ☐ Septic System: ☐ If applicable, attach Local or State Health Dept. Approval

Nature of Work – Check all that apply: New Building: ☐ Addition: ☐ Change of Use: ☐

Describe previous and/or proposed use of facility: _____

Cost of new construction or addition: \$ _____

Cost of alteration: \$ _____

Flood Plain: Site is ☐ is not ☐ within a flood plain Wetland: Site is ☐ is not ☐ in a designated wetland

Applicant Certification: I hereby certify that I have read the instructions and examined this application and know the same to be true and to the best of my knowledge:

Signature: _____ Date: _____