

TOWN OF CONSTANTIA

PO Box 267, 14 Frederick St
Constantia, New York 13044

Code Enforcement
(315) 623-9581



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: _____ County: _____

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: _____