3710 LAKE ROAD, PO BOX 858
CLARKSON, NY 14430
(585) 637-1145
BUILDING@TOWNOFCLARKSONNY.GOV

BUILDING PERMIT APPLICATION

(generic form to be used for all permits)

1. Applicant's Name: _____

   Address: _____ City, State, Zip: _____

   Phone Number(s): _____ E-mail: _____

   Applicant is (check one or more): ☐ Owner ☐ Agent ☐ Engineer/Architect ☐ Contractor

   ☐ Other (specify): _____

2. Owner's Name: _____

   Address: _____ City, State, Zip: _____

   Phone Number(s): _____ E-mail: _____

3. Nature of work – check all that apply: ☐ New Structure (includes standby generator or any other accessory structure)
   ☐ Addition ☐ Alteration ☐ Change of Use

   Describe the work to be permitted: _____

   Cost estimate of proposed work: _____

4. Name of Contractor/Installer/Company Representative: _____

   Address: _____ City, State, Zip: _____

   Phone Number(s): _____ E-mail: _____

   Will wages be paid for performance of work? ☐ Yes ☐ No

   *If **YES**, proof of insurance is required. (Workers' Compensation & Disability form C-105.2)*

   *If **NO**, the homeowner (or contractor if exempt from Workers' Compensation) must complete Form CE-200 online at www.wcb.ny.gov. Please see attached instructions.*

   NOTE: A permit will not be issued without the required proof of insurance.

5. Project Location/Street Address: _____

   Tax Map #: _____ Located in Historical Overlay District? ☐ Yes ☐ No

6. Water Supply: ☐ Monroe County Water ☐ New Well ☐ Existing Well

   Wastewater: ☐ Monroe County Sewer ☐ Private Septic System

7. Flood Plain: Site ☐ is ☐ is not within a flood plain/zone.

   Wetland: Site ☐ is ☐ is not in a designated wetland.

_____ _____ _____ _____

Date *Owner Signature* *Date* *Building Department Signature*

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