

Building and Zoning Application Permit No. _____

Town of Pavilion PO Box 126 Pavilion, NY 14525 ph. (585)584-3850 fax (585)584-8533

Date____ / ____ / ____ Zone____ Flood Zone____ Wellhead Protection ____ Corner Lot____
New Construction ☐ Fence ☐ Pond ☐ Sign ☐ Alteration(s)☐ Addition ☐ Demolition ☐
Accessory Bldg. ☐ Mobile Home ☐ Fill Permit ☐ Home Occupation☐ Land Separation ☐ Site Plan Approval ☐
Special Use Permit ☐ Temporary Use ☐ Subdivision ☐ Zoning Variance Request ☐ Other ☐ Specify: _____
Tax Map No. _____
Owners Name _____ Phone No. (____) _____
Address _____ Project Road Width _____ ft
Applicants Name _____ Project Address _____
E Mail Address _____ Phone No (____) _____

Description of Project: _____

Existing Use _____ Proposed Use _____

Estimated Cost Building _____ Plumbing _____ Mechanical _____
Miscellaneous _____

SEQR CLASSIFICATION Type 1 ☐ Type 2 ☐ Unlisted ☐

Review completed by Planning Board ☐ _____ Zoning Board of Appeals ☐ _____

Permit Fee \$ _____ Application Date ____ / ____ / ____ Permit Expires On ____ / ____ / ____

Issuing Officer _____ Date ____ / ____ / ____

IN SIGNING THIS DOCUMENT I HEARBY GIVE THE RIGHT OF AN ON SITE INSPECTION TO THE TOWN OF PAVILION CODE ENFORCEMENT OFFICIAL OR THEIR DESIGNE. ALL PROVISIONS OF LAWS AND ORDINANCES GOVERNING THIS TYPE OF WORK WILL BE COMPLIED WITH WHETHER SPECIFIED HEREIN OR NOT. THE GRANTING OF A PERMIT DOES NOT PRESUME TO GIVE AUTHORITY TO VIOLATE OR CANCEL THE PROVISIONS OF ANY OTHER STATE OR LOCAL LAW REGULATING CONSTRUCTION OR THE PREFORMANCE OF CONSTRUCTION.

I, _____, as Owner or Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge.

Signature of Owner or Authorized Agent

Date

Construction Attachment:

Permit No. _____

Type of Construction

Agriculture ☐ Commercial ☐ Industrial ☐ Residential ☐ Miscellaneous ☐

Contractors

General Contractors Name _____ Address _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

Certificate of Workers Compensation: Yes ☐ No ☐ Expiration Date ____/____/____

Liability Insurance: Yes ☐ No ☐ Expiration Date ____/____/____

APPLICANT SHALL PROVIDE A COPY OF ALL INSURANCE AND WORKERS COMP. WITH THIS APPLICATION

▪ **Masonry** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Electrical** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Plumbing** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Alarms / Sprinklers** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **HVAC** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Landscape / Site** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

▪ **Miscellaneous** _____ Phone (____) _____

Office Phone (____) _____ Cell Phone(____) _____ Fax No. (____) _____ E-Mail _____

Signature of Owner or Authorized Agent X _____ Date _____