

**TOWN OF FRANKLIN  
OFFICE OF CODE & ZONING ENFORCEMENT  
554 Main Street, P.O. Box 63  
Franklin, New York 13775  
607-829-5456**

APPLICATION FOR BUILDING PERMIT

NOTE - APPLICANT IS ADVISED TO READ:

Submission: Two sets of plans (including site details and dimensions) and specifications describing the proposed work are to be submitted with each application. All plans and specifications shall be in accordance with the State Education Law, Sections 7307 and 7209. This law requires the seal and signature of a licensed architect or professional engineer be affixed to all plans submitted, except residential buildings under 1,500 square feet of living area, or to alterations costing less than \$20,000.00.

New home permits are valid for two (2) years and all other permits are valid for one (1) year from date of issuance.

Please print or type.

Date \_\_\_\_\_  
Applicant's Name \_\_\_\_\_  
Applicant's Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Property Owner if other than Applicant \_\_\_\_\_  
Property's 911 Address \_\_\_\_\_  
Tax Map # \_\_\_\_\_

Estimated cost of project \_\_\_\_\_

Project to be performed by: (Complete if other than applicant)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Workers' Compensation Carrier \_\_\_\_\_  
General Liability Carrier \_\_\_\_\_

Application for Building Permit - Page 2

<u>Type of Project</u>	<u>Type of Structure</u>	<u>Heating System</u>
<input type="checkbox"/> New Structure	<input type="checkbox"/> One Family Dwelling	<input type="checkbox"/> Electric
<input type="checkbox"/> Alteration or Renovation	<input type="checkbox"/> Multiple Dwelling	<input type="checkbox"/> Gas
<input type="checkbox"/> Addition	<input type="checkbox"/> Accessory Building	<input type="checkbox"/> Oil
<input type="checkbox"/> Well	<input type="checkbox"/> Commercial	<input type="checkbox"/> Wood*
<input type="checkbox"/> Septic	<input type="checkbox"/> Modular Home	<input type="checkbox"/> Geothermal
<input type="checkbox"/> Deck/Porch	<input type="checkbox"/> Manufactured Home	<input type="checkbox"/> Other _____
<input type="checkbox"/> Heating/Plumbing	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Other _____		

\*Wood Stove? \_\_\_ Yes \_\_\_ No. If Yes, a permit must be obtained and installation specifications provided.

Describe work to be done \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable give statement of any special inspections required. \_\_\_\_\_  
\_\_\_\_\_

All work shall be performed in compliance with the New York State Uniform Fire Prevention and Building Code and Town of Franklin Zoning Ordinance.

Signature of Applicant \_\_\_\_\_  
 Owner    Contractor    Agent

OFFICE USE ONLY  
Permit No. \_\_\_\_\_ Fee \_\_\_\_\_  
Occupancy Class \_\_\_\_\_  
Date Approved \_\_\_\_\_  
Date Disapproved \_\_\_\_\_  
Reason(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Building Inspector \_\_\_\_\_