

## **Town of LeRoy** Building Permit Application THIS IS NOT A DEVELOPMENT PERMIT

Form A

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APPLICANT	Applicant Name:		Company Name (If applicable):							
	Mailing Address:		Town:	Province:	Postal Code:					
AP	Phone Number(s):		Fax:	Email Address:						
ror owner	Owner Name or Same as	Applicant: □	Company Name (If ap	Company Name (If applicable):						
	Mailing Address:		City/Town:	Province:	Postal Code:					
	Phone Number(s):		Fax:	Email Address:						
	Contractor Name or Same as Applicant: □									
CONTRACTOR	Mailing Address:		City/Town:	Province:	Postal Code:					
CON	Phone Number(s):		Fax:	Email Address:						
	WORK CLASS	RESIDENTIAL	COMMERCIAL	PERMIT # (Office Use)						
	BUILDING ADDRESS:	Legal Description		Value of Construction \$						
PROJECT INFORMATION		Lot: Block:	Plan:							
	Property (Lot) Size:		Estimated Construction Dates:							
	ft Width x	t ft Depth	Start:	Completion:						
	New Construction 🗌	Addition 🗆 Ren	ovation Deck	Basement Development						
<u> </u>	Accessory Building 🗆	Attached Garage $\Box$	Detached Garage $\Box$	Covered Deck/Porch □						
	Other – Explain:									
PL	EASE LIST ALL EXISTING STR	RUCTURES ON THE SITE AS WELL A	AS AREA. IE. HOUSES, GARAGES,	SHEDS, DECKS & OTI	HER STRUCTURES.					
	PROPOSED WORK CO		EXISTING BUILDINGS							

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PROJECT INFORMATION	DIMENSIONS:	Length: _	ft	x Width:	ft	x Height:	ft	Total Size:	ft2
		MATERIAL			SIZE OR SPACING				
	FOOTINGS								
	FOUNDATIONS								
	EXTERIOR WALLS								
	ROOF								
	STUDDING								
	FLOOR JOISTS								
	GIRDERS								
	RAFTERS								
	CHIMNEYS								
	INSULATION								
	HEATING								
	ELECTRICAL								
	NUMBER OF STORIES				NUMBER (	OF FIRE ESCAF	PES		
	NUMBER OF STAIRWA	NYS			WIDTH OF	STAIRWAYS			
	NUMBER OF EXITS				WIDTH OF	EXITS			
act or i & p	d acknowledge that it is & regulations regar its authorized represe lans provided by me relopment. I hereby	dless of any pentative. I ago in this applica	sibility to en plan review of ree to do all ation, & will	sure complia or inspection construction obtain all oth	ance with the sthat may work sole her work pe	hese and any or may not b ly in accordar ermits require	other ap oe carried nce & co	oplicable bylaw d out by the To mpliance with t	wn of LeRoy the information
Applicant Signature					Date of Application				