

**TOWN OF CANANDAIGUA
SITE DEVELOPMENT / BUILDING PERMIT APPLICATION**

1. Name and Address of Property Owner: _____

Telephone Number of Property Owner: _____

2. Name and Address of Applicant *if not property owner*: _____

Telephone Number of Applicant: _____

3. Subject Property Address, Tax Map Number, and Zoning District: _____

4. Scope of work – including the **total square footage** of the project if applicable:

PLEASE INCLUDE APPLICABLE CONSTRUCTION PLANS AND A SITE PLAN SHOWING THE PROPOSED PROJECT.

5. Contractor Information:

General Contractor: _____

Address: _____

Telephone: _____

CONTRACTOR INSURANCE CERTIFICATES ON FILE:

NOTE: NY State Workers' Compensation, Disability and Liability forms are required.

Liability Yes / No Expiration Date: _____

Worker's Compensation Yes / No Expiration Date: _____

Disability Yes / No Expiration Date: _____

(Owner signature required on reverse)

The undersigned represents and agrees as a condition to the issuance of these permits that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

PERMIT CANNOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE.

Owner's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Flood Zone _____

Floodplain Development Permit Required? Yes No

Application requires further review by Planning Board
and/or Zoning Board of Appeals. Yes No

Proposed project is less than 1,000 square feet. Yes No

Permit Issued	Permit Number	Fee
Site Development Permit		
Building Permit		
Total Permit	(non-refundable)	

Code Enforcement Officer

Date of Issue