

TOWN OF CALEDONIA

BUILDING PERMIT APPLICATION

THOMAS PERKINS, CODE ENFORCEMENT OFFICER
(585) 538-9320 | zoning@townofcaledonia.ny.org

The following information shall be submitted to obtain a building permit:

- A permit issued by the Livingston County Health Department for a septic system is required (if applicable)
- A complete set of stamped drawings for proposed project.
- Copy of survey map or plot plan indicating front, side, and back setback dimensions. (Include all other buildings with dimensions located on property. All easements on the property will be indicated.)
- A driveway permit is required (if applicable). See the Town of Caledonia Highway Superintendent for information.
- Contractor: Certificate of Liability and Compensation Insurance is required.

Tax Map #: _____ Zoning District: _____

Builder's Name: _____

Builder's Phone #: _____ Builder's Email _____

Nature of Project: New Building Repair Deck
 Demolition Addition Sign
 POOL Shed
 Alteration Garage

Existing use and occupancy: _____

Intended use of new construction: _____

Estimated cost of project: _____

Project Square Feet: _____

It is the responsibility of the applicant, contractor, or developer to call for required inspections during the construction period. Inspection appointments shall be made a minimum of 48-hours in advance. The property is subject to inspection at any time during normal working hours by the Code Enforcement Official.

No building shall be occupied or used in whole or part for any purpose until a Certificate of Occupancy has been issued by the Code Enforcement Official.

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If you are not sure that a permit is required, please contact the Code Enforcement Official at (585) 538-9320.

Building permits are issued for a period of six months.

Owner's Signature: _____

Contractor's Signature: _____ Contractor's Phone #: _____

Contractor's Address: _____

Contractor's Email: _____

FOR OFFICE USE ONLY

| | |
|------------------|-------|
| Date: | _____ |
| Permit #: | _____ |
| Issue Date: | _____ |
| Expiration Date: | _____ |