

Town of Scio
Bureau of Code Enforcement
PO Box 105
4355 Vandermark Road
Scio, NY 14880
Phone: _____

Building Permit Application

Site Information

Name/Description of Project: _____ Submission Date: _____
Address/Location of Project: _____ Tax IS/SBL #: _____
Type of Project: New Construction ___ Renovation ___ Addition ___ Repair ___ Removal/Demolition ___
Building Construction Type: Type I ___ Type II ___ Type III ___ Type IV ___ Type V ___ A ___ B ___
Number of Floors: _____ Actual Height: _____ ft. Fire Suppression System: ___ Yes ___ No

Property Owner Information

Owner's Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

General Contractor Information

Contractor Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Engineer/Architect of Record Information

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Fax #: _____

Plumbing Contractor Information

Contractor Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Workman's Compensation Information

Provider: _____
Phone: _____
Fax: _____

Electrical Contractor Information

Contractor Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Project Information

- New Construction _____ sq ft
- Interior Renovation _____ sq ft
- Addition _____ sq ft
- Dumpster Enclosure _____ sq ft
- Shed _____ sq ft
- Relocation of Building
- Pool: indoor outdoor
 in-ground above ground
- Fence: _____ Ft High

Mechanical Contractor Information

Contractor Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

Fire Protection System Contractor Information

Contractor Name: _____
Address: _____
City/State/Zip: _____
Phone: _____

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Building Permit Application Continued

Plans (Indicate plans that have been submitted with this application. Please submit 2 copies of all plans)

- | | |
|--|--|
| <input type="checkbox"/> Floor Plan(s) | <input type="checkbox"/> Instrument Survey/Plot Plan |
| <input type="checkbox"/> Cross Section(s) | <input type="checkbox"/> Energy Compliance Worksheet |
| <input type="checkbox"/> Plumbing Plan | <input type="checkbox"/> Special Inspection Schedule |
| <input type="checkbox"/> Electrical Plan | <input type="checkbox"/> ADA Accessibility Plan(s) |
| <input type="checkbox"/> Framing Plan | <input type="checkbox"/> Window and/or Door Schedule |
| <input type="checkbox"/> Roof Design | <input type="checkbox"/> Mechanicals Plan |
| <input type="checkbox"/> Foundation Plan | |
| <input type="checkbox"/> Fire Detection System | <input type="checkbox"/> Plot Plan for Fence |
| <input type="checkbox"/> Fire Suppression System | |
| <input type="checkbox"/> Fire Separation Plan | |

Note to all applicants: All drawings submitted will be reviewed for compliance to the New York State building/fire code. You must provide all information for processing, including seismic design for area/all fire alarm diagrams, etc.

For Office Use Only

Fee: \$ _____ Paid: Yes ___ No ___ Check #: _____ Cash: _____

Payment received by: _____ Date: _____

Application Approved: ___ Yes ___ No Date: _____

Reason application denied: _____

Stipulations of permit approval: _____

Code Enforcement Officer

Date