

TOWN OF POTSDAM

Application for Building Permit/Use Permit/Inspection Request

Property Owner: _____ Permit No. _____
Applicant: _____ Fee: _____

Mailing Address: _____ Payable to: Potsdam Town Clerk

Phone (day and evening): _____

Tax Parcel Number: _____ Lot Dimension: _____

Location of property (911 Address) _____

A PERMIT is requested to perform the following:

Architect _____ Contractor Name: _____

Estimated Expense: _____ Contractor's phone#: _____ Proof of Insurance _____

Occupancy Classification _____ Ground Snow Load 60PSF

Seismic Design Category D1 Wind Speed 90MPH Weathering Severe

Winter Design Temperature -15 Termite none Ice Barrier Required Yes

Depth to Frost 4 feet

I understand and agree that all buildings/uses shall be in accordance with approved construction documents, the NYS Uniform Code and Local Regulations. Property boundaries are as stated and the building/use location is as approved and in compliance with local requirements, and any changes to approved plans shall only be authorized by the Authority Having Jurisdiction. I also understand this permit does not grant permission to violate any other Local, State, or Federal Law.

Applicant's Signature _____ Date _____

This space for office use only. Do not mark in space below.

Zoning District _____ On Waterway? _____ Flood Hazard _____

Referral to: ___ County Planning Board, ___ Planning Board, ___ Zoning Board of Appeals

SEQR Type: ___ I, ___ II, ___ Unlisted: ___ Neg. Dec, ___ Pos. Dec

___ Permit granted ___ Permit denied EXPIRATION DATE _____

REASONS: _____

Comments: _____

Code Enforcement Officer _____ Date _____