

Town of Gaines

14087 Ridge Road West
Albion, NY 14411
(585) 589-4592

BUILDING PERMIT APPLICATION

Date of Application: _____

Name of Applicant: _____ Phone: _____

Mailing Address: _____

Property Address: _____

Lot Size: _____ Front: _____ Side: _____ Back: _____

Type of Construction: (Check Below)

New House: _____ Attached Garage: _____ Detached Garage: _____

Addition to house: _____ Deck: _____ Storage Shed: _____

Other (describe): _____

Description:

Height: _____ Width: _____ Front setback: _____

Length: _____ Sq. Ft.: _____ Rear setback: _____

Left setback: _____ Right setback: _____

The following must accompany the building permit application. Note: All houses must be on a permanent foundation. Three (3) copies of blueprints with an Architect's Seal, a copy of the Orleans County Health Department septic system plan, a plot plan (where building will set on lot), and a driveway plan for the highway department.

Who is the contractor: Self? _____ or Name of Contractor: _____

Is the contractor insured with Worker's Compensation? Yes: _____ No: _____

If yes, insurance carrier and policy number: _____

Be advised that the Town of Gaines is NOT liable for insured, uninsured, or self contractors. New York State General Municipal Law Section 125 requires that contractors carrier Workers' Compensation and Disability Insurance. Contact the Code Enforcement Officer for additional details.

A certificate of occupancy must be issued before a building can be used.

State of New York | County of Orleans | Town of Gaines

I agree that all construction will meet all State, County, Town, and Health Department codes. I also agree that all construction will meet all the requirements set forth in the Town of Gaines Zoning Ordinance.

Property Owner	Date	Contractor	Date	Notary Public	Date
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Date Application Received: _____

Date of Denial: _____

Date Building Permit Issued: _____

Date C/O Issued: _____