



TOWN OF LOCKPORT

Single Family Home & Small Project Application

ALL REQUIRED BUILDING PLANS SHALL HAVE A REGISTERED ENGINEERED/ARCHITECTURAL WET SEAL -SIGNATURE - DATE FROM N.Y.S.

PERMIT: DATE: PROJECT COST:

PERMIT SITE LOCATION: TAX MAP#:

PROJECT DESCRIPTION: ERECT ALTER ADD DEMO OTHER

TYPE / USE:

INSURANCE - Liability Exp. Date: INSURANCE - Wk. Comp. Date:

BUILDER: SELF CONTRACTOR *If CONTRACTOR complete below:*

OWNER NAME: CONTRACTOR NAME:

ADDRESS: ADDRESS:

CITY/STATE/ZIP: CITY/STATE/ZIP:

PHONE #: PHONE #:

SUB CONTRACTOR NAMES

FOUNDATION: PLUMBING:

ERECTION: ELECTRIC:

ARCH / ENG: INSULATION:

SPECIFICS

TYPE/CONST:
(Wood, Metal, Brick, Etc.)

DEPTH:

LENGTH:

HEIGHT:

SQ. FEET:

AIR CONDITIONING: YES NO

OF FIREPLACES:

SURVEY / PLOT PLAN

SET BACK (F):

SET BACK (S):

SET BACK (S):

SEWER SEPTIC

BUILDING STYLE:

RANCH RAISED RANCH 2 STORY SPLIT LEVEL

OTHER

of BEDROOMS:

of BATHS:

TOTAL # OF ROOMS:

FUEL TYPE:

FEE CALCULATION (Office use only)

TOTAL FEE: _____

APPLICANT'S SIGNATURE: