

APPLICATION FOR A BUILDING PERMIT
IN THE TOWN OF FRANKLINVILLE

Code Enforcement Office
11 Park Square, P. O. Box 146
Franklinville, New York 14737
Tel: 716-676-5848 Fax: 716-676-5261

Property Description No. _____ - _____ - _____ - _____ Application Number _____
(Found on a Tax Bill)
SEQR Type I Action _____ (Findings Attached) Date Application Received _____
Type II _____
Unlisted _____ Project Description _____

Project Scope: _____ Install _____ Replace _____ Construct _____ Demolish _____ Other _____

Zoning District _____ Total Acres _____ Flood Overlay District _____ Yes _____ No _____

Total Acres Excavated _____ < 1 Acre _____ ≥ 1 Acre (SWPPP Submitted with Application)

Property Location _____ Please Provide Builder's Name, Address,
Telephone Number(s), and Insurance
Owner's Name, Address & Telephone Number(s) Certificates

Structural Specifications

Length: _____ Width: _____ Height: _____ Sq. Footage: _____

Number of Rooms: Bedrooms _____ Bathrooms _____ Total Rooms _____

Type of Foundation: _____ Type of Heating System: _____

Total Project Cost: _____ Cattaraugus Cty. Health Dept. Permit _____ Yes _____ No _____
(Please Attach Copy)

X _____
(Owner's Signature - by signing this form, I Declare
That all information provided is true and accurate.)

Project Approval
Yes _____ No _____ Date _____

Date: _____ (CEO)

Fee: \$ _____
(Made Payable to: Town of Franklinville)
(\$25.00 Fee for all Returned Checks)

Reason For Denial: _____

