

## TOWN OF LEWISTON BUILDING PERMIT

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Permit: \_\_\_\_\_

Owner's Phone: \_\_\_\_\_ SBL: \_\_\_\_\_

Address: \_\_\_\_\_ Zoning: \_\_\_\_\_

Owner's Email Address: \_\_\_\_\_

Total Estimated Cost: \_\_\_\_\_

Building to be used for: \_\_\_\_\_ Architect: \_\_\_\_\_

Contractor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Flood Zone: Yes No Variance issued \_\_\_\_\_ Flood Permit Issued \_\_\_\_\_

**Plans Approved:**

Building: \_\_\_\_\_ By: \_\_\_\_\_ Planning Board Approval

Electrical: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Plumbing: \_\_\_\_\_ By: \_\_\_\_\_ Zoning Board Approval

Date: \_\_\_\_\_

**Remarks/Conditions:**

All electric to be inspected by Atlantic Inland (716) 731-4748

**Additional permits required:**

Electrical: \_\_\_\_\_ Date Issued \_\_\_\_\_ Licensed contractor \_\_\_\_\_

Plumbing: \_\_\_\_\_ Date Issued \_\_\_\_\_ Licensed contractor \_\_\_\_\_

**Inspections:**

| BUILDING   | Pass Date | ELECTRICAL | Pass Date | PLUMBING   | Pass Date |
|------------|-----------|------------|-----------|------------|-----------|
| Foundation |           | Service    |           | Underfloor |           |
| Rough      |           | Rough      |           | Rough      |           |
| Insulation |           | Final      |           | Final      |           |
| Final      |           | Other      |           | Other      |           |
| Other      |           |            |           |            |           |

Date of Curb Cut Approval from Highway Superintendent \_\_\_\_\_

**Notes:**

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**PLEASE NOTE:**

NORMAL AGRICULTURAL PRACTICES ARE PERMITTED IN ALL AREAS OF THE TOWN.

YOUR PROPERTY MAY CONTAIN A PERMANENT DRAINAGE EASEMENT AND THE TOWN RESERVES THE RIGHT TO MAINTAIN SUCH EASEMENT.

ALL WORK PERFORMED MUST BE IN STRICT COMPLIANCE WITH THE WORKER’S COMPENSATION AND DISABILITY BENEFITS LAWS OF THE STATE OF NEW YORK.

| ROOMS            | No. |
|------------------|-----|
| LIVING ROOM      |     |
| DINING ROOM      |     |
| KITCHEN          |     |
| DINETTE          |     |
| FAMILY ROOM      |     |
| BEDROOMS         |     |
| BATHROOMS        |     |
| LAUNDRY          |     |
| ATTIC            |     |
| BASEMENT         |     |
| GARAGE (car)     |     |
| FIREPLACE        |     |
| AIR CONDITIONING |     |
|                  |     |
|                  |     |
|                  |     |
|                  |     |
|                  |     |

Size of addition or structure:

Width \_\_\_\_\_

Depth \_\_\_\_\_

Height \_\_\_\_\_

Square feet:

**Residential:**

Total w/out garage \_\_\_\_\_

Garage \_\_\_\_\_

**Commercial:**

Total \_\_\_\_\_

Plot Plan

Survey \_\_\_\_\_ Plans \_\_\_\_\_

Site Plan \_\_\_\_\_

The undersigned certifies that the plans and specifications as filed are in accordance with the regulations of the Town of Lewiston Ordinances and agrees that all work and materials shall be in strict conformity with laws governing construction in the Town of Lewiston and the laws of the State of New York.

**PROTECTION OF EXISTING FACILITIES** The undersigned also agrees to repair any damage done to public infrastructure (i.e. curbing, roadway, storm drainage) to the satisfaction of the Town of Lewiston prior to the issuance of a Certificate of Occupancy/Compliance.

The undersigned certifies that all information submitted for this application is true and correct to the best of his/her knowledge.

Applicant: \_\_\_\_\_ Phone \_\_\_\_\_