THE CITY OF UTICA

DEPARTMENT OF CODES ENFORCEMENT

City Hall - 1 Kennedy Plaza - Utica, New York 13502

BUILDING PERMIT APPLICATION

Commercial Residential

Commercia	ai ics	ucnu
New	Existing	

INSTRUCTIONS TO THE APPLICANT

- 1. This application shall be completed and filed in conformance with the provisions of the Building Code for the City of Utica, N.Y. and other applicable codes and ordinances.
- 2. No application will be accepted unless accompanied by cash, check or money order in the amount of the permit fee.
- 3. In the event that the application is not approved, the applicant shall be entitled to a refund of 50% of the fee paid provided no work has commenced.
- 4. IMPORTANT Complete all items. Mark boxes where applicable. Please print all answers.

To the Director of Codes Enforcement improvements.	t: The undersigned hereb	y requests approval of a	Building Permit for the following
LOCATION OF BUILDING – Number	er and Street		
OWNERSHIP - Name:		Address:	
TYPE OF IMPROVEMENT			
q Alteration q Addition	q Demolition q Re	pair q New Struc	ture
q Change of Occupancy q Other			
Describe in detail the type of improve	ment that is indicated abo	ove:	
CLASSIFICATION OF EXISTING B q Business q Mercantile q F q Institutional q Miscellaneous q N Describe in detail the present occupan	Factory q Storage Multiple Dwelling q One		ıpancy.
CHANGE IN OCCUPANCY Will any change in occupancy occur as Describe in detail any new occupancy			es q No
TYPE OF CONSTRUCTION			
Fire-resistive Non-combust	tible Ordinary	Heavy Timber	Wood Frame
	q 2b	q 4	q 5
AREASq. Ft.	· · · · · · · · · · · · · · · · · · ·	i	
	re indicate the total area	(as defined in the Buildi	ng Code) required for the calculation of
the building permit fee.			
ESTIMATED COST		CONTRACTORS	
General Construction		General Contractor	
Electrical		Electrical	
Plumbing		_	
Heating and Air Conditioning			tioning
Other (Elev., etc.) Total Cost	••••••		
Total Cost		***************************************	
DESIGN IDENTIFICATION Nam	e	Address	
Architect			
Engineer			
Other			
GENERAL COMMENTS			
	APPLICANT	r'S NAME(TITLE)	
DATE:			(home)
SIGNATURE:			

Location of Building Map		Lot	Word	
Owner's NameNiap			waru	
Address				
Zoning District		-		
Data Verification: Estimate Cost			Volume	
APPROVALS	YES NO		SIGNATURE	
General Requirements				
ZONING				
BUILDING CODE				
1. Code Requirements				
2. Plans and Specifications				
3. Plot Plans				
4. Deed				
ELECTRICAL				
PLUMBING				
ENGINEERING				
Special Requirements				
STATE LABOR DEPARTMENT				
PLANNING BOARD				
1. Scenic & Historic				
2. Other				
ZONING BOARD OF APPEALS				
COMMON COUNCIL				
OTHER				
Fee Paid				
Permit No	Date	e Approved		
Date Issued				
Date Disapproved				
General Comments				