

Village of Fonda

8 E. Main Street, PO Box 447 Fonda, NY 12068

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Web: www.villageoffonda.ny.gov Email: villageclerk@villageoffonda.ny.gov



GENERAL CODE PERMIT APPLICATION

PROPERTY INFORMATION

Property Type: ☐ Residential ☐ Commercial ☐ Industrial ☐ Multi-Dwelling - # of Units _____

Structure Type: ☐ Manufactured (Mobile or Modular) ☐ Site Built Structure

Property Address: _____

Tax ID-SBL: _____

The proposed development is located on Flood Insurance Rate Map Panel No. _____, Dated _____.

OWNER/APPLICANT INFORMATION

Property Owner Name: _____

Phone: _____ | Email: _____

Mailing Address: _____

CONTRACTOR INFORMATION (IF APPLICABLE)

Contractor Business Name: _____

Contact Name: _____

Address: _____

Contractor Phone: _____

NATURE OF WORK

☐ New Construction or Placement

☐ Addition

☐ Repair

☐ Alteration

☐ Change of Occupancy

☐ Demolition

☐ Swimming Pool

☐ Wood Burning Stove-Fireplace

☐ Electrical Service

☐ Fence

☐ Other (Please Describe): _____

PROJECT DETAILS

Estimated Cost: \$ _____ Square Footage Affected: _____ sq. ft.

Description of Work (Attached Description as Needed):

ACKNOWLEDGMENTS

1. I acknowledge that I am responsible for ensuring compliance with all applicable local, state, and federal regulations.
2. I have received and will comply with the Village of Fonda's procedures and policies.
3. I have attached a diagram or engineered plans outlining the project and scope.
4. I will notify the Code Enforcement Officer of any changes to this application or project specifications prior to work.
5. I understand that this application and forgoing work are subject to inspection by an authorized Village of Fonda representative and that inspections must be scheduled at least 24 hours in advance.
6. I will grant authorization to representatives of the Village of Fonda for access to the property subject to this permit and inspection or investigation.
7. I understand that any engaged contractor must complete a notice of contractor form as part of this permit. The contractor must provide certification for New York State's insurance requirements.
8. No work shall begin until this permit is approved.
9. Any permit issued is subject to revocation, stop work order or application denial. Issued permits are valid for one (1) year. The Board of Trustees hears appeals upon application.

CERTIFICATION & SIGNATURE

The undersigned certifies that the information provided is accurate and complete. Additionally, the applicant acknowledges and agrees to the requirements.

Applicant Signature: _____

Applicant Name: _____

Date: _____

For Official Use Only

Permit #: _____ **Date:** _____

Approved by: _____

Print Name: _____

Notes:
