



TOWN OF CLARKSON - BUILDING DEPARTMENT
Permits / Inspections / Code Enforcement
Planning Board / Zoning Board of Appeals / Conservation Board

3710 Lake Road, P.O. Box 858
Clarkson, New York 14430

Tel. 585-637-1145
building@clarksonny.org
www.clarksonny.org

BUILDING PERMIT APPLICATION

(generic form to be used for all permits)

1. Applicant's Name: _____
Address: _____ City, State, Zip: _____
Phone Number(s): _____ E-mail: _____
Applicant is (check one or more): Owner Agent Engineer/Architect Contractor
 Other (specify): _____

2. Owner's Name: _____
Address: _____ City, State, Zip: _____
Phone Number(s): _____ E-mail: _____

3. Nature of work – check all that apply: New Structure (includes standby generator or any other accessory structure)
 Addition Alteration Change of Use Other
Describe the work to be permitted: _____
Cost estimate of proposed work: _____

4. Name of Contractor/Installer/Company Representative: _____
Address: _____ City, State, Zip: _____
Phone Number(s): _____ E-mail: _____

Will wages be paid for performance of work? Yes No

If **YES**, proof of insurance is required. (Workers' Compensation & Disability form C-105.2)

If **NO**, the homeowner (or contractor if exempt from Workers' Compensation) must complete Form CE-200 online at www.wcb.ny.gov. Please see attached instructions.

NOTE: A permit will not be issued without the required proof of insurance.

5. Project Location/Street Address: _____
Tax Map #: _____ Located in Historical Overlay District? Yes No

6. Water Supply: Monroe County Water New Well Existing Well
Wastewater: Monroe County Sewer Private Septic System

7. Flood Plain: Site is is not within a flood plain/zone.
Wetland: Site is is not in a designated wetland.

Date

Owner Signature

Date

Building Department Signature