

TOWN OF CARROLLTON
CODE ENFORCEMENT

640 Main Street, Suite 1
Limestone, NY 14753
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www.carrolltonny.org



APPLICATION FOR BUILDING PERMIT

APPLICATION NUMBER: _____ PERMIT NUMBER: _____
PROJECT ADDRESS: _____
TAX MAP NO.: _____ OWNER: _____
MAILING ADDRESS: _____
CONTACT PHONE NO.: _____ ALT PHONE NO.: _____
ALT CONTACT PERSON: _____ PHONE NO.: _____
EMAIL: _____ ALT EMAIL: _____
PROPOSED PROJECT DESCRIPTION: _____

☐ RESIDENTIAL ☐ COMMERCIAL ☐ OTHER _____

☐ NEW CONSTRUCTION ☐ RENOVATION-ALTERATION-CONVERSION of EXISTING BUILDING
• STORIES _____
• BATHS _____
• BEDROOMS _____
• SQUARE FOOTAGE _____
☐ DECK ☐ ROOF ☐ PORCH ☐ GARAGE ☐ CARPORT ☐ POLE BARN ☐ SHED (≥144sq')

INSTALLATION DESCRIPTION: _____
☐ CHIMNEY CONSTRUCTION ☐ SOLID FUEL BURNING DEVICE ☐ INSERT
☐ MOBILE HOME ☐ MODULAR HOME ☐ LOG HOME (Not a Kit) ☐ SWIMMING POOL / SPA
☐ ELECTRICAL – DESCRIPTION: _____
☐ PLUMBING – DESCRIPTION: _____

APPLICATION FOR BUILDING PERMIT

APPLICATION NUMBER: _____ PERMIT NUMBER: _____

PROJECT ADDRESS: _____

ARCHITECT / ENGINEER / DESIGN-PROFESSIONAL

NAME: _____ LICENSE NO.: _____

CONTACT PHONE NO.: _____ EMAIL: _____

ADDRESS: _____

CONTRACTOR(S)

1) PRIMARY CONTRACTOR (GENERAL): _____

ADDRESS: _____

PHONE: _____ ALT PHONE: _____

EMAIL: _____

2) ELECTRICAL: _____

ADDRESS: _____

PHONE: _____ ALT PHONE: _____

EMAIL: _____

3) PLUMBING: _____

ADDRESS: _____

PHONE: _____ ALT PHONE: _____

EMAIL: _____

4) OTHER CONTRACTOR: _____

ADDRESS: _____

PHONE: _____ ALT PHONE: _____

EMAIL: _____

CONSTRUCTION COSTS: _____

PERMIT FEE: _____
PAID WITH CHECK: _____ CASH: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

CLERK'S SIGNATURE: _____ DATE: _____

CEO'S SIGNATURE: _____ DATE: _____