

TOWN OF CARROLLTON

CODE ENFORCEMENT

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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: _____