

VILLAGE OF MARCELLUS

6 Slocombe Avenue, Marcellus, NY 13108

(315) 673-3112 / Fax: (315) 673-3217

PERMIT EXTENSION APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-mail: _____

Permit Number: _____ Original Issue Date: _____

Project Description: _____

Description of work remaining to be completed: _____

Approximate amount of time needed to complete project: _____

Contractor: _____ Contact Person: _____

Address: _____ Phone: _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work performed under any resulting permit will comply with the requirements of the New York State Uniform Fire Prevention and Building Code, the Village of Camillus Code and all other applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

Inspections Required: I understand I am responsible to ensure that the required building inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

Consent to Enter Property: By signing this application I agree to allow representatives of the Village access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER OF PREMISES: X

DATE:

Official Use Only

Application No.:	Date Completed:	Fee:
Date Approved:	Approved By:	FMV:
Date Denied:	Denied By:	Date Notified:
Reason Denied:		