

**TOWN OF LYSANDER**  
**Department of Zoning, Planning & Code Enforcement**  
8220 LOOP ROAD, BALDWINSVILLE, NY 13027  
(315)638-1210/FAX: (315)635-1515  
**BUILDING PERMIT APPLICATION**

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**Instructions:**

Submit a plot plan showing location of the lot, buildings, public streets and detailed description of the property or a copy of the survey with 1 set of drawings. Upon approval of this application, the Zoning Department will issue a Building Permit for the work covered by this application which should not be started before issuance of this Permit. No building or any permitted activity shall be occupied or used in whole or in part for any purpose whatsoever until a Certificate of Compliance or a Certificate of Occupancy has been issued by the Zoning Department.

**Applicant General Information:**

Scope of Work: New Build \_\_\_ Addition \_\_\_ Repair/Alteration \_\_\_ Pool \_\_\_ Fire Place \_\_\_  
Project Will Include (check all that apply): Plumbing ( ) Electrical ( ) Highway Permit ( ) Water ( )  
Location of Proposed Project \_\_\_\_\_  
Tax Map No. \_\_\_\_\_ Lot No. \_\_\_\_\_  
Owner/Agent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Owner Address, if different \_\_\_\_\_  
Contractor \_\_\_\_\_ Telephone \_\_\_\_\_  
Contractor Address \_\_\_\_\_  
Zoning Classification \_\_\_\_\_ Survey/Plot Plan \_\_\_\_\_  
Existing Use or Occupancy \_\_\_\_\_ Intended Use or Occupancy \_\_\_\_\_

**Insurance –Note:**

Any Contractor or Individuals hiring employees shall hold insurance to cover workers' compensation, as required by New York State Law.

Contractors Liability Insurance: Attached \_\_\_\_\_ On File \_\_\_\_\_  
Workers' Compensation Insurance: Attached \_\_\_\_\_ On File \_\_\_\_\_

Does proposed project violate any zoning or building code \_\_\_\_\_  
Square Foot \_\_\_\_\_ Estimated Cost \_\_\_\_\_ Fee \_\_\_\_\_

**Applicant Certification:** I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of the 2010 New York State Uniform Fire Prevention and Building Code, the Town of Lysander Zoning Law 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. I understand I am responsible to ensure that the required building inspections are performed by appropriate inspector and have been approved prior to concealing my work. By signing this application I agree to allow representatives of the Town of Lysander 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/AGENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**OFFICE USE ONLY:**

Paid \_\_\_\_\_ Date \_\_\_\_\_ Permit No. \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_