



TOWN OF CHILI

BUILDING DEPARTMENT
3333 CHILI AVENUE, ROCHESTER, NY 14624
PH: (585) 889-6143 FAX: (585) 889-8710



BUILDING PERMIT APPLICATION

Location of Work Address _____ City, State, Zip _____	<div style="border: 1px solid black; padding: 2px; font-size: small;">For Official Use</div> Zoning Classification _____ <input type="checkbox"/> FPO <input type="checkbox"/> FW Tax I.D. # _____
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Property Owner Information

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

PERMIT TYPE Residential Commercial

CHECK ALL THAT APPLY BELOW:

<input type="checkbox"/> Shed	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Deck	<input type="checkbox"/> New Building (Comm./ Indus.)
<input type="checkbox"/> Garage	<input type="checkbox"/> Apartment/ Townhouse Building
<input type="checkbox"/> Fireplace	<input type="checkbox"/> Addition
<input type="checkbox"/> Gas Insert	<input type="checkbox"/> Garage Addition
<input type="checkbox"/> Generator	<input type="checkbox"/> Dormer Addition
<input type="checkbox"/> Interior Remodel	<input type="checkbox"/> Demolition _____
<input type="checkbox"/> Exterior Remodel	<input type="checkbox"/> Egress Window
<input type="checkbox"/> Enclosed Porch	<input type="checkbox"/> Open Porch
<input type="checkbox"/> Gazebo	<input type="checkbox"/> Pergola
<input type="checkbox"/> Solar Panels	<input type="checkbox"/> Single Family Dwelling
<input type="checkbox"/> Cell Tower	<input type="checkbox"/> Ramp
<input type="checkbox"/> Pre-Existing Structure/Work (no permit on record)	
<input type="checkbox"/> Other: _____	

BUILDING PERMITS ARE VALID FOR 18 MONTHS

New York State Requires that the Town has on file a current certificate of insurance for both general liability and worker's compensation for the entity performing work prior to issuance of any building/plumbing permit

Contractor Information

Company Name _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Plumber Information

Company Name _____

Contact Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Plumber must be licensed in the Town of Chili

Description of work

Estimated cost/value of project \$ _____

The following must be submitted for a completed application to be reviewed (additional information may be required)

- 2 sets of plans (The code official may require they be stamped by a licensed professional)
- A survey map which shows the property in detail, location of all buildings and structures, where the proposed structure will be located on the property in relation to other structures and the distances to lot lines.
- If trusses are being used, a completed truss identification form.

Owner/Reps. Signature _____ Date _____

Inspections: Inspections are required during the building process.***24 HOUR NOTICE IS REQUIRED WHEN SCHEDULING INSPECTIONS***
When checked, the following inspections will be required for this project:

- Site Inspection Footing Storm Sewer (before backfill) Wall (backfill) Underground Plumbing (before covering) Rough Framing
- Rough Plumbing Roof (after ice shield is installed) Fireplace/Stove (before clearances are blocked) Insulation
- FINAL INSPECTION IS REQUIRED FOR ALL PROJECTS IN ORDER TO CLOSE OUT BUILDING PERMIT AND ISSUE A CERTIFICATE OF OCCUPANCY/COMPLIANCE**

Electrical Inspections: Any changes/ additions in the electrical service require an inspection for both rough and final electrical work prior to a final building inspection. Electrical inspections are scheduled by contacting any of the three agencies listed below:

Middle Dept. Insp. Agency
460 State street
Rochester, NY 14608
(585) 454-5191

New York Elec. Insp. Agency
2767 Dewey Avenue
Rochester, NY 14616
(585) 434-4460

PERMIT FEE IS NON-REFUNDABLE

For Official Use

Permit # _____

Reviewed by _____ **Date** _____
Code Enforcement Officer

Called for pickup

Date _____ Notes _____

Homeowner Contractor Plumber

Paid

Date _____ Receipt # _____