

Town of Arcadia Code Enforcement
201 Frey Street Newark NY, 14513

Phone: 315-331-0919
Fax: 315-332-8025
codeofficer@townofarcadia.org

Application for Building/Zoning Permit

Owner's name: _____ Phone: _____

Address: _____ Zip: _____

Applicant Name: (If Different) _____ Phone: _____

Address: _____ Zip: _____

Contractor: _____ Phone: _____

Address: _____ Zip: _____

Insurance: Liability ____ Worker's Compensation ____

Project Location: _____ (If Different)

Type of Project (Check all that apply) __ New construction __ Replacement

____ Residential ____ Agricultural ____ Commercial ____ Industrial

____ Addition-Size _____

____ Stove/Fireplace/Chimney

____ Alterations/Renovations

____ Swimming Pool/Hot Tub

____ Decks/Porches- Size _____

____ Other _____

____ Garage/Pole Barn- Size _____

Zoning District _____

____ Manufactured Home- Size _____

Setbacks: Front _____

____ Residence- Size _____

Side _____

____ Roof (Only 2 Layer/Ice Barrier required)

Rear _____

____ Shed- Size _____

Variance Required? YES OR NO

Estimated Cost: _____

Variance Granted _____

Property Located in or near floodplains and/or wetlands area? YES OR NO

The Applicant/Owner agrees to comply with all applicable laws, ordinances and regulations and will complete the proposed work within a designated timeline of permit or apply for a Permit Renewal. The issuance of this permit does not exempt the applicant from any Federal, State or other Local Permits that may be required.

Signature of Applicant/Owner

Date

Approved by Code Enforcement Officer

Date

Permit # _____

Expiration _____

Permit Fee \$ _____ Paid Cash/ Credit Card/ Check # _____ Receipt # _____