

Village of Lansing
 2405 North Triphammer Road
 Ithaca NY 14850
 Office: (607)-257-8363 Fax: (607)-257-3230

For Office Use only

Application No. _____ Permit No. _____
 Building Permit \$ _____ Fees Rec'd: _____

APPLICATION FOR BUILDING/LAND USE PERMIT

Location _____
 Number _____ Street _____

Proposed Construction Improvement (Mark all that apply):		
Type of Improvement: <input type="checkbox"/> New Building <input type="checkbox"/> Addition <input type="checkbox"/> Alteration <input type="checkbox"/> Repair/Replacement <input type="checkbox"/> Demolition <input type="checkbox"/> Mechanical <input type="checkbox"/> Site Improvement <input type="checkbox"/> Tent <input type="checkbox"/> Home Occupation <input type="checkbox"/> Pool <input type="checkbox"/> Other _____	Does or will building contain any of the following: <input type="checkbox"/> Elevator/Dumbwaiter <input type="checkbox"/> High Pressure Boiler <input type="checkbox"/> Refrigeration System <input type="checkbox"/> Pressure Vessels <input type="checkbox"/> Hazardous Uses <input type="checkbox"/> Places of Assembly <input type="checkbox"/> Sprinklers/Standpipes <input type="checkbox"/> Smoke Control System <input type="checkbox"/> Fire Alarm System <input type="checkbox"/> None <input type="checkbox"/> Other _____	
	For New Buildings, Additions, or Alterations Will There Be: Electrical Permit: <input type="checkbox"/> yes <input type="checkbox"/> No Date Applied For: ____/____/____ Fire Alarm Permit: <input type="checkbox"/> yes <input type="checkbox"/> No Date Applied For: ____/____/____ Plumbing Permit: <input type="checkbox"/> yes <input type="checkbox"/> No Date Applied For: ____/____/____ Sewer Permit: <input type="checkbox"/> yes <input type="checkbox"/> No Date Applied For: ____/____/____ Septic System Permit: <input type="checkbox"/> yes <input type="checkbox"/> No Date Applied For: ____/____/____	
Occupancy Class- Use Group (Mark all that apply)		Estimated Cost
Residential: <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Two Family Residential Multiple Dwelling No. of Units _____ <input type="checkbox"/> Transient Occupancy, R - 1 <input type="checkbox"/> Permanent Occupancy, R - 2 <input type="checkbox"/> Res.Care/Asst'd Liv'ng, R-4	Non-residential: <input type="checkbox"/> Assembly, A - 1, 2, 3, 4 or 5 <input type="checkbox"/> Business, B <input type="checkbox"/> Educational, E <input type="checkbox"/> Factory, F - 1 or 2 <input type="checkbox"/> High-Hazard, H - 1, 2, 3 or 4 <input type="checkbox"/> Institutional, I - 1, 2, 3 or 4 <input type="checkbox"/> Mercantile, M <input type="checkbox"/> Storage, S - 1 or 2 <input type="checkbox"/> Utility, U	Cost of overall project: _____
State Specific Use/ Description of Work: _____ _____ _____		
If Change in Use Group, State Former Use _____		
Building/Property Characteristics		
1. Heating Fuels <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> _____ <input type="checkbox"/> Geothermal/solar thermal 2. Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public 3. Sewage Disposal <input type="checkbox"/> Private <input type="checkbox"/> Public	Land: Tax Parcel No. _____ Lot Area _____ Road Frontage _____ Zoning District _____ Parking Spcs _____	Building: Number of Stories _____ Height of Structure _____ ft Largest Floor Area _____ sq ft Area All Floors _____ sq ft Type of Construction _____

Identification to be completed by all Applicants			
Name	Mailing Address	Telephone	
Owner: _____			
Agent Designated: _____			
Contractor: _____			
Architect/Engineer: _____			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his designated Agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of Designated Agent	Address	Date	
_____		____/____/____	
Proof of Workers Compensation /Disability Insurance			
<input type="checkbox"/> Form C 105.21-Attached	<input type="checkbox"/> Certificate of Ins. -Attached	<input type="checkbox"/> Exemption Certificate Attached	
The undersigned hereby applies for premises ion to do the foregoing, in accordance with provisions of the New York State Uniform Fire Prevention and Building Code, State Energy Conservation Code, Village of Lansing Zoning Law, Village of Lansing Uniform Fire Prevention and Building Code Administration & Enforcement Law, and other laws and Regulations of the Village of Lansing, New York, or others having jurisdiction, and authorizes the right of entry to Officials of the Village of Lansing and their designated agents for purposes of inspections and affirms that all statements and information given herein and in attached documents are correct to the best of his/her knowledge and belief.			
Number of pages in attached documents_____			
(Applicant):_____ Date:_____			
Signature of Landowner			
Do not Write Below this Line, Office Use Only			
Application Review:	Approved	Denied	Comments:
Zoning Officer	()	()	
Code Enforcement Officer	()	()	
Department of Public works Supt.	()	()	
Special Permit	Approved	Denied	
Planning Board	()	()	Date____/____/____
Board of Trustees	()	()	Date____/____/____
Other	()	()	Date____/____/____
Comments:			
Inspections by other Agencies: Plumbing (Bolton Point) Electric (Village of Lansing Electrical Inspector) Sewer (Village of Lansing and Cayuga Heights DPW) Septic System (Tompkins County Health Department)			