

DECK OR PORCH PERMIT APPLICATION

TOWN OF GENOA

APPLICATION FOR CONSTRUCTION INSPECTION
(PLEASE TYPE OR PRINT)

TO BE COMPLETED BY APPLICANT

TOWN, VILLAGE OF: _____ COUNTY: _____
TOWN, VILLAGE CLERK: _____ DATE: _____
NAME OF APPLICANT: _____ TAX MAP: _____
JOB SITE: _____ ZIP CODE: _____

DECK OR PORCH

ROOF 1 - LENGTH _____ WIDTH _____ DEPTH _____
TRUSS OR RAFTER SIZE _____ OC _____

MATERIALS TO BE USED
ROOF SHEETING _____ SIZE _____
ROOF COVERING _____ SIZE _____

DECK SIZE - LENGTH _____ WIDTH _____ DEPTH _____ HEIGHT _____
DECK MATERIALS TO BE USED SIZE _____
FLOOR JOIST SIZE _____ OC _____

RAILINGS REQUIRED IF MORE THAN 18" OFF GRADE OR 3 STEPS OR MORE —

SIZE OF LOT - FRONT _____ REAR _____ DEPTH _____

ZONING REQUIREMENTS IF ANY, SIDEYARD _____ REAR YARD _____

NAME OF COMP. INSURANCE COMPANY _____ POLICY _____ EXP _____

FEE MUST BE REMITTED AT TIME OF APPLICATION FEE \$ _____

PERMIT ISSUE DATE _____ EXPIRES _____

SIGNATURE APPLICANT

INSPECTOR

I, _____, BEING DULY SWORN NOTARY OF THE STATE OF
NEW YORK , COUNTY OF _____ , DEPOSE AND ACKNOWLEDGE THAT
HE/SHE IS THE ABOVE NAMED APPLICANT OR HE/SHE IS THE AGENT
(CONTRACTOR, OFFICER, ETC) OF SAID OWNER OR OWNERS AND WILL
PERFORM SAID WORK AS FILED IN THIS APPLICATION. THAT ALL
STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE TO THE BEST OF
HIS/HER KNOWLEDGE AND BELIEF, AND THAT THE WORK WILL BE PERFORMED
IN THE MANNER SET FORTH IN THE APPLICABLE LAWS, ORDINANCES,
RULES, AND REGULATIONS OF STATE, TOWN AND/OR VILLAGE.

SWORN TO BEFORE ME THIS _____ DAY OF _____ 19 _____

NOTARY PUBLIC

COUNTY

APPLICANT SIGNATURE

PLEASE DO SKETCH PLAN BELOW

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