



Town of Carlton

14341 Waterport-Carlton Rd
Albion, NY 14411
585-682-4358

Application for Building Permit

Code Fee Paid _____ Permit Fee _____ Date _____ Permit # _____

Zoning District _____ Flood Zone _____ Tax Id # _____

To be considered a complete application, the following must be attached:

1. A copy of a deed or survey map
2. Sewage disposal and water permits from Orleans County Health Department
3. Scale drawing of existing AND proposed building lots
4. A valid license for current operation, if expansion is proposed

_____ is going to Construct () Operate () Other () at the following address

_____ On the _____ side of the road.

Description of Structure _____ Type of Construction _____

Structure #1 _____ Front Set Back #1 _____ #2 _____

Height _____ Rear Set Back _____

Width _____ Left Set Back _____

Length _____ Right Set Back _____

Name of Builder/Architect _____

Be Advised: The Town claims no liability for any type of work done by a Builder, Applicant or Inspector.

Type of Heat: Oil () Gas () Wood () Electric ()

Fireplace: Yes () No () Basement: Yes () No () Water: Well () Town ()

Road Type: State () Town () County () Row ()

Referral to Planning Board () Zoning Board () County ()

Signature of Applicant _____ Date _____

Address _____ Phone _____

ALL electrical wiring MUST be inspected twice before Certificate of Occupancy will be issued. No structure is to be used until Certificate of Occupancy is issued.