

TOWN OF LEWISTON BUILDING PERMIT

Date: _____

Fee: _____

Owner's Name: _____

Permit: _____

Owner's Phone: _____

SBL: _____

Address: _____

Zoning: _____

Owner's Email Address: _____

Occupancy Class: _____

Total Estimated Cost: _____

Building to be used for: _____ Architect: _____

Contractor: _____ Phone: _____ Email: _____

Flood Zone: Yes No Variance issued _____ Flood Permit Issued _____

Plans Approved:

Building: _____ By: _____ Planning Board Approval

Electrical: _____ By: _____ Date: _____

Plumbing: _____ By: _____ Zoning Board Approval

Date: _____

Remarks/Conditions:

Additional permits required:

Electrical: _____ Date Issued _____ Licensed contractor _____

Plumbing: _____ Date Issued _____ Licensed contractor _____

Inspections:

BUILDING	Pass Date	ELECTRICAL	Pass Date	PLUMBING	Pass Date
Foundation		Service		Underfloor	
Rough		Rough		Rough	
Insulation		Final		Final	
Final		Other		Other	
Other					

Date of Curb Cut Approval from Highway Superintendent _____

Notes:

PLEASE NOTE:

NORMAL AGRICULTURAL PRACTICES ARE PERMITTED IN ALL AREAS OF THE TOWN.

YOUR PROPERTY MAY CONTAIN A PERMANENT DRAINAGE EASEMENT AND THE TOWN RESERVES THE RIGHT TO MAINTAIN SUCH EASEMENT.

ALL WORK PERFORMED MUST BE IN STRICT COMPLIANCE WITH THE WORKER'S COMPENSATION AND DISABILITY BENEFITS LAWS OF THE STATE OF NEW YORK.

ROOMS	No.
LIVING ROOM	
DINING ROOM	
KITCHEN	
DINETTE	
FAMILY ROOM	
BEDROOMS	
BATHROOMS	
LAUNDRY	
ATTIC	
BASEMENT	
GARAGE (car)	
FIREPLACE	
AIR CONDITIONING	

Size of addition or structure:

Width _____

Depth _____

Height _____

Square feet:

Residential:

Total w/out garage _____

Garage _____

Commercial:

Total _____

Plot Plan

Survey _____ Plans _____

Site Plan _____

The undersigned certifies that the plans and specifications as filed are in accordance with the regulations of the Town of Lewiston Ordinances and agrees that all work and materials shall be in strict conformity with laws governing construction in the Town of Lewiston and the laws of the State of New York.

PROTECTION OF EXISTING FACILITIES The undersigned also agrees to repair any damage done to public infrastructure (i.e. curbing, roadway, storm drainage) to the satisfaction of the Town of Lewiston prior to the issuance of a Certificate of Occupancy/Compliance.

The undersigned certifies that all information submitted for this application is true and correct to the best of his/her knowledge.

Applicant: _____ Phone _____