

CITY OF LOCKPORT
BUILDING INSPECTION DEPARTMENT

ONE LOCKS PLAZA

PHONE-439-6754

FAX-439-6605

BUILDING PERMIT APPLICATION FOR
DECKS/ SHEDS

Job Location: _____ Date: _____

Owner: _____ Address (if different): _____

Phone: _____ City: _____ Zip: _____

Construction Cost: _____

Contractor(s): _____

Type: ___ Shed ___ Open Deck ___ Covered Deck

Height: _____ Length: _____ Width: _____

Please Attach the Following:

- ___ Property Survey that is current and accurate
- ___ Locations of the proposed structures
- ___ Setback dimensions (front, rear, and all sides)
- ___ Drawing with lumber sizes, fasteners and footing depth

The Owner/ Applicant agrees to conform to all applicable laws of this jurisdiction, adhere to the plans and specifications affixed hereto and permit Building Department personnel to perform required inspections.

Applicant's Name:(if different than owner) _____ (attach letter of agency)
Owner/ Applicant Signature: _____ Date: _____