

CITY OF LOCKPORT
BUILDING INSPECTION DEPARTMENT

ONE LOCKS PLAZA

PHONE-439-6754

FAX-439-6605

BUILDING PERMIT APPLICATION FOR
GENERAL CONSTRUCTION

Job Location: _____ Date: _____

Owner: _____ Address (if different): _____

Phone: _____ City: _____ Zip: _____

Construction Cost: _____

Description of work: _____

Contractor(s): _____

Please Attach the Following:

(New Construction only)

- Property survey that is current and accurate
- 2 sets of plans for new construction
- Setback dimensions (front, rear and all sides)
- Sketch if altering interior dimensions
- Locations of the proposed structures

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: _____