

TOWN OF MARCELLUS

24 East Main Street, Marcellus, NY 13108
315-673-3269, Ext. 4 / Fax: 315-673-9102

PERMIT EXTENSION APPLICATION

All applicable sections of this application must be completed - incomplete applications will be returned.

Property Owner: _____ Day Time Phone: _____

Project Address: _____ E-mail: _____

Permit Number: _____ Original Issue Date: _____

Project Description: _____

Description of work remaining to be completed: _____

Approximate amount of time needed to complete project: _____

Contractor: _____ Contact Person: _____

Address: _____ Phone: _____

Applicant Certification: I hereby certify that this application is true and correct to the best of my knowledge. That all work done under any resulting permit will comply with the requirements of all applicable regulations. I also understand that the granting of a permit does not give authority to violate or cancel the provisions of any other laws or regulations.

Inspections Required: I understand I am responsible to ensure that the required inspections are performed by the appropriate inspector and have been approved prior to concealing any work.

Consent To Enter Property: By signing this application I agree to allow representatives of the Town of Marcellus access to the above referenced property at reasonable times for the purpose of obtaining information relevant to the processing of this application and to ascertain compliance with any resulting permit.

SIGNATURE OF OWNER OF PREMISES:

DATE:

Official Use Only

Date Completed: _____ Date Approved: _____ Approved By: _____

Application No.: _____ Date Denied: _____ Denied By: _____

FMV: _____ Date Notified: _____

Fee: _____ Reason Denied: _____