

# Town of Bristol

6740 County Road 32 Canandaigua, NY 14424  
(585-229-2440)

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## Permit Application

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### **Part 1: General Project Information**

I am submitting this application to obtain:

A Building Permit  A Demolition Permit  An Operating Permit

Select the nature of the proposed work. Check all that apply.

New Construction  Addition  Renovation/Alteration  Change of Use  Change of Occupancy  
 Relocation  Demolition  Repair  Other (please specify) \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_

Estimated End Date: \_\_\_\_\_

Parcel ID: \_\_\_\_\_

Zoning District: \_\_\_\_\_

### **Part 2: Scope of work**

In the space provided, describe the project, and include the total area. Attach additional sheets if needed.

Cost of the project: \_\_\_\_\_ SQ. FT. \_\_\_\_\_

### **Part 3: Applicant Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, the applicant acknowledges and agrees to the following conditions:

- Not commence work until a permit has been issued.
- Prominently display the issued permit on the premises.
- Grant inspectors access for construction inspections.
- Keep a copy of approved plans at the worksite.
- Comply with relevant approvals and resolutions.
- Notify the building department of any changes to the application or approved plans/specifications.
- Schedule inspections at least 24 hours in advance and receive approval before covering or enclosing.
- Not occupy or use any part of the project until receiving a certificate of compliance.

Permit acceptance does not waive compliance with all applicable codes, laws, and regulations. Incorrect information may lead to permit revocation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 4: Owner Information**

If different from applicant.

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 5: Contractor Information**

Leave it blank if not applicable.

Business Name: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Part 6: Insurance**

Proof of insurance is required. Please attach relevant documents.

Workers' Compensation (C-105.2 or U-26.3)

Disability Benefits (DB-120.1)

Contractors & Homeowners may complete a Certificate of Attestation of Exemption. (CE-200)

**Part 7: Application Verification**

(Official use only)

Permit # \_\_\_\_\_ Fee Received \$ \_\_\_\_\_

Code Enforcement Officer: \_\_\_\_\_ Date: \_\_\_\_\_