

TOWN of SCIPIO
Codes Department
Route 34, P.O. Box 71
Scipio Center, New York 13147
Phone (315) 364-5740 Fax (315) 364-6802

BUILDING PERMIT APPLICATION

PROPERTY OWNER: _____
(Must be applicant)

Telephone # _____

ADDRESS: _____

TYPE OF CONSTRUCTION: _____

LOCATION OF CONSTRUCTION: _____
Tax Map Number # _____

CONTRACTOR'S NAME: _____
• Note: Proof of Insurance must be provided including Workmen's
Comp.

COST OF CONSTRUCTION: _____
*Include Materials and Contractor's fees

SQUARE FOOTAGE: _____

*Attach drawing of construction or blueprints if needed. Include set back
from road, side, and rear lot lines.

SIGNED: _____ DATE: _____

DATE APPROVED: _____ DATE DENIED: _____

FEES: _____ EXPIRATION DATE: _____

CODE ENFORCEMENT OFFICER: _____

J. Patrick Doyle
(315) 729-3921 (mobile phone)
codeenforcement@townofscipio.com