

Village of Lansing
2405 North Triphammer Road
Ithaca NY 14850
(607)-257-8363

For Office Use only

Application No. _____ Permit No. _____
Permit \$ _____ Fees Rec'd: _____

Permit Application for Culvert/Curb Cut

Location: _____

Estimated Cost: _____

Tax Parcel No. _____

1. Type of Work:

- New
- Repair/Replacement

2. Purpose of Curb Cut/ Culvert Installation:

- Residential
- Apartment Complex
- Commercial
- Mixed Use

3. The size Culvert that is being installed shall be agreed to by the Village of Lansing Superintendent of Public Works [all culvert installations are required to have metal end sections installed regardless of the pipe material]:

Length _____
Width _____

4. Curb Cuts:

Number of Curb Cuts: _____
Size of Curb Cuts: _____
Width of Driveway: _____

5. Description of Work: (Drawings may be required)

Identification to be completed by all Applicants			
Name	Mailing Address	Telephone	
Owner: _____.			
Agent Designated: _____.			
Contractor: _____.			
Architect/Engineer: _____.			
I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his designated Agent and we agree to conform to all applicable laws of this jurisdiction.			
Signature of Designated Agent	Address	Date	
_____.			
Proof of Workers Compensation /Disability Insurance			
<input type="checkbox"/> Form C 105.21-Attached	<input type="checkbox"/> Certificate of Ins. -Attached	<input type="checkbox"/> Exemption Certificate Attached	
The undersigned hereby applies for premises ion to do the foregoing, in accordance with provisions of the New York State Uniform Fire Prevention and Building Code, State Energy Conservation Code, Village of Lansing Zoning Law, Village of Lansing Uniform Fire Prevention and Building Code Administration & Enforcement Law, and other laws and Regulations of the Village of Lansing, New York, or others having jurisdiction, and authorizes the right of entry to Officials of the Village of Lansing and their designated agents for purposes of inspections and affirms that all statements and information given herein and in attached documents are correct to the best of his/her knowledge and belief.			
Number of pages in attached documents_____			
(Applicant):_____ Date:_____.			
Signature of Landowner			
Do not Write Below this Line, Office Use Only			
Application Review:	Approved	Denied	Comments:
Zoning Officer	()	()	
Code Enforcement Officer	()	()	
Department of Public works Supt.	()	()	
Special Permit	Approved	Denied	
Planning Board	()	()	Date_____.
Board of Trustees	()	()	Date_____.
Other (Lighting Commission)	()	()	Date_____.
Comments:			