



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			
<b>Do not Write Below this Line, Office Use Only</b>			
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	( )	( )	Date ____/____/____
Comments:			
Inspections by other Agencies: Plumbing (Bolton Point) Electric (Village of Lansing Electrical Inspector) Sewer ( Village of Lansing and Cayuga Heights DPW) Septic System (Tompkins County Health Department)			