Village of Lansing
2405 North Triphammer Road
Ithaca NY 14850
Office: (607)-257-8363 Fax: (607)-257-3230

APPLICATION FOR BUILDING/LAND USE PERMIT

Location   _____   _____
              Number   Street

Proposed Construction Improvement (Mark all that apply):

Type of Improvement:	Does or will building contain any of the following:
( ) New Building	( ) Elevator/Dumbwaiter ( ) High Pressure Boiler ( ) Refrigeration System
( ) Addition	( ) Pressure Vessels ( ) Hazardous Uses ( ) Places of Assembly
( ) Alteration	( ) Sprinklers/Standpipes ( ) Smoke Control System ( ) Fire Alarm System
( ) Repair/Replacement	( ) None ( ) Other_____

Type of Improvement continued:
( ) Demolition
( ) Mechanical
( ) Site Improvement
( ) Tent
( ) Home Occupation
( ) Pool
( ) Change of Occupancy
( ) Other_____

For New Buildings, Additions, or Alterations Will There Be:

Electrical Permit: ( ) yes ( ) No   Date Applied For:____/____/____
Fire Alarm Permit: ( ) yes ( ) No   Date Applied For:____/____/____
Plumbing Permit: ( ) yes ( ) No   Date Applied For:____/____/____
Sewer Permit: ( ) yes ( ) No   Date Applied For:____/____/____
Septic System Permit: ( ) yes ( ) No   Date Applied For:____/____/____
Sign Permit: ( ) yes ( ) No   Date Applied For:____/____/____
Exterior Lighting Alteration or Addition: ( ) yes ( ) No

Occupancy Class- Use Group (Mark all that apply) | **Estimated Cost**

Residential:	Non-residential:	Cost of overall project:
( ) Single Family Residential	( ) Assembly, A - 1, 2, 3, 4 or 5	
( ) Two Family Residential	( ) Business, B	
	( ) Educational, E	
Multiple Dwelling No. of Units _____	( ) Factory, F - 1 or 2	_____
( ) Transient Occupancy, R - 1	( ) High-Hazard, H - 1, 2, 3 or 4	
( ) Permanent Occupancy, R - 2	( ) Institutional, I - 1, 2, 3 or 4	
( ) Res.Care/Asst'd Liv'ng, R-4	( ) Mercantile, M	
	( ) Storage, S - 1 or 2	
	( ) Utility, U	

State Specific Use/ Description of Work:_____
_____
_____

If Change in Use Group, State Former Use _____

Building/Property Characteristics

1. Heating Fuels	Land:	Building:
( ) Electric ( ) Gas		
( ) Oil ( ) _____	Tax Parcel No. _____	Number of Stories_____
( ) Geothermal/solar thermal		
	Lot Area _____	Height of Structure_____ft
2. Water Supply		
( ) Private ( ) Public	Road Frontage _____	Largest Floor Area_____sq ft
3. Sewage Disposal	Zoning District _____	Area All Floors _____sq ft
( ) Private ( ) Public		
	Parking Spcs _____	Type of Construction _____

Identification to be completed by all Applicants		
Name	Mailing Address/E-mail 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

( ) Form C 105.21-Attached	( ) Certificate of Ins. -Attached	( ) Exemption Certificate Attached

The undersigned hereby applies for permission 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	( )	( )	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)

8/2012