



Town of Henrietta  
**Office of Building and Fire Prevention**  
 475 Calkins Road  
 Henrietta, NY 14467  
 PH: (585) 359-7060 FAX: (585) 321-6093  
 Building@henrietta.org



## One and Two Family Residence Building Permit Application

### Project/Site Information

Lot#  Subdivision \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

#### Zoning Classification

R-1-15     R-1-20     R-2-15  
 RR-1     RR-2     PUD

Tax I.d. Number \_\_\_\_\_

### Property Owner Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Email \_\_\_\_\_

### Contractor Information

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Site Foreman \_\_\_\_\_  
 Phone # \_\_\_\_\_

### Plumber Information

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 License Number \_\_\_\_\_

### Required Documentation

-Design Professional Stamped Drawings    -Heat Calculations  
 -Plumbing, Electrical and HVAC Layout    -Truss Drawings  
 -Energy Code Compliance Method    -Plot Map  
 -Truss Utilization Placard Form

**Construction Cost \$**

**1 Set of Plans and an Electronic Copy** emailed to [jfried@henrietta.org](mailto:jfried@henrietta.org) Indicate Lot Number and Subdivision in the Subject Line.

I hereby certify that all work related to this application will be performed in accordance with all applicable town, and state laws and codes pertaining to building construction, and demolition and the information submitted and contained herein is accurate and correct. I further certify that I am the owner or an authorized agent of the property owner listed in this application, and have authority to make application for work to be performed.

Applicants Name (Printed) \_\_\_\_\_

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### For Official Use

### Approval For Permit Issuance

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Required Inspections:    ①    ②    ③    ④    ⑤    6    ⑦    ⑧    ⑨    ⑩    Fireplace    Electrical

**Application #** \_\_\_\_\_

**Received on:** \_\_\_\_\_