

TOWN OF CUBA
15 WATER STREET CUBA, NY 14727
APPLICATION FOR CONSTRUCTION INSPECTION

Please Print or Type

Town of Cuba County of Allegany Permit Number _____

Name of Applicant _____ Date _____

Job Site _____

Proposed Project _____

Name of Owner _____ Phone _____

Mailing Address _____ Signature _____

_____ Zip _____

	APPLICATION GUIDELINES	
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| <ul style="list-style-type: none">• Detailed outline sheet must be submitted with application for any renovations, alterations or conversions• Applicant is responsible for contacting inspector for applicable inspections• Building permits are valid for one year upon issuance. Renewals are required, and fee will be applied. |
|---|

Permit Issued On _____ Expires _____

Construction Value _____ Permit # _____

Fee Paid \$ _____ WR # _____

Check # _____ Money Order _____ Cash _____

CHECK APPLICABLE ITEMS

NEW CONSTRUCTION
RESIDENTIAL/COMMERCIAL

RENOVATION-ALTERATION-CONVERSION
RESIDENTIAL/COMMERCIAL

STICK BUILT HOME DECK ROOF PORCH GARAGE POLE BARN

INSTALLATION

CHIMNEY CONSTRUCTION SOLID FUEL BURNING DEVICE INSERT MOBILE HOME MODULAR HOME
 SWIMMING POOL

Other _____ **VISUAL SAFETY INSPECTION ONLY**
RESIDENTIAL/COMMERCIAL

Review & Recommend Issuance, Inspector Signature _____ Date _____

Valid Upon Signature of Municipal Official _____ Date _____