

TOWN OF CLAVERACK
Building and Zoning Department
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Phone (518) 672-4471 Fax (518) 672-4821
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APPLICATION FOR RENEWAL OF BUILDING PERMIT

NAME (S) OF OWNER (S) OF RECORD: _____

MAILING ADDRESS: _____

TELEPHONE NO: _____

LOCATION OF PROPERTY: _____

SIZE & DIMENSIONS OF PROPERTY: _____

DIMENSIONS OF BUILDING: _____

TAX GRID NO: _____

CURRENT BUILDING PERMIT NO: _____ OF _____

ANY CHANGES FROM INITIAL APPLICATION: _____ YES _____ NO _____

IF YES, INDICATE CHANGES: _____

DATE OF APPLICATION: _____ SIGNATURE: _____

(Owner of Record)

FEE: HALF THE COST OF ORIGINAL BUILDING PERMIT or \$50.00 Minimum

COMMENTS: _____

PERMIT EXPIRES

_____ **20** _____