

CITY OF LOCKPORT

NEW CONSTRUCTION (RESIDENTIAL) PERMIT FORM

SITE DESIGNATION

Address: _____

Lot No.: _____

Subdivision: _____

Real Estate Tax No.: _____

Zoning Classification: _____

Flood Plain Zone: _____

Building Use: _____

Est. Construction Value: _____

Number of Units: _____

APPLICANT INFORMATION

I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO CONFORM TO ALL GOVERNING INFORMATION AND REGULATIONS SET FORTH BY THE CITY COUNCIL OF LOCKPORT.

Printed Name: _____ Date: _____

Address: _____

Signature: _____ Phone#: _____

Name, Address, Phone Number of:

***Please attach a copy of each contractors City of Lockport Certificate of Registration.**

Architect: _____

General: _____

Foundation: _____

Excavator: _____

Carpenter: _____

Masonry: _____

Plumbing: _____

Electrical: _____

Roofing: _____

HVAC: _____

Gypsum: _____

Sewer/Water: _____

SQUARE FOOTAGE OF:

Living Area: _____

Garage: _____

Basement: _____

Parking: _____

Lot Area: _____

COLOR SCHEME:

Brick Color: _____

Siding Color: _____

Roof Color: _____

NUMBER OF:

Bedrooms: _____

Bathrooms: () Full () Partial

Garage: () Attached () Detached

Stories: _____

Parking Spaces: _____

MODEL:

Model Name: _____

FOR OFFICE USE ONLY

Permit#: _____

Incentives: _____

SET BACKS

Front: _____

Elevation: _____

Rear: _____

Flood Plain (Y/N): _____

Left: _____

Zoning Compliance (Y/N): _____

Right: _____

TIF District (Y/N): _____

Other: _____

Historic District (Y/N): _____

Date Issued: _____

Issued By: _____

Building Permit: \$ _____

Sewer Tap-on Fee: \$ _____

Water Tap-on Fee: \$ _____

Temp. Water Usage: \$ _____

Grading Permit Fee: \$ _____

Occupancy Permit: \$ _____

Engineering Fee: \$ _____

Building Inspection Fee: \$ _____

Plumbing Insp. Fee: \$ _____

Electrical Insp. Fee: \$ _____

Plan Review: \$ _____

Total Fees: \$ _____