



TOWN OF CAMBRIA

COUNTY OF NIAGARA

Office of Building, Plumbing and Zoning

4160 Upper Mountain Road Sanborn, NY 14132

Phone: (716) 433-7664 ext. 133

www.townofcambria.gov

RBP-20

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Office use only

DECK/PORCH PERMIT APPLICATION

FEE: \$

Jobsite Location: _____ **Date:** _____

Contractor/ Applicant: _____ **Phone:** _____

Address: _____ **Email:** _____

Property Owner: _____ **Phone:** _____

Address: _____ **Email:** _____

Description of Work:

Size of Deck: Length _____ Width _____ Square Footage _____

Height of deck from ground _____ Type of Foundation _____

Will it be enclosed? _____ If enclosed, will it be heated? _____

Will it have a roof? _____

Estimated Cost: \$ _____

Requirements prior to issuance of Permit:

_____ Survey or Plot Plan showing placement (this is a detailed sketch/site plan)

_____ Framing plan with material list

_____ Electronic copies of plot plan

_____ Proof of Insurance

Applicant hereby affirms that all work shall be performed in accordance with applicable codes, regulations and manufacturer's installation instructions and authorizes the Code Enforcement Officer to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

The current schedule of fees state, "Business permits for all construction not obtained in accordance with this ordinance will be increased by 50%."

The undersigned certifies that all information submitted for this application is true and correct to the best of his/her knowledge. **Permit fees are non-refundable or transferable.**

Applicant Signature: _____ **Date:** _____