

Town of Orchard Park

Date: _____

BUILDING INSPECTOR'S OFFICE
S 4295 South Buffalo Street
Orchard Park, New York 14127-2609



Phone: 716-662-6430
Fax: 716-662-6419
www.orchardparkny.org

Accessory Structure

Accessory Structure Permit Application

Address: _____ Zone: _____

Value of Project: _____ S.B.L # _____ Lot No _____

Contractor: _____

Address: _____

_____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Dimensions of Proposed Structure:

Length: _____ Width: _____ Height: _____ Square Footage: _____

Feet From Lot Lines:

Front: _____ Side: _____ Rear: _____ Corner Lot: _____

Use of Building: _____

Electric Work Involved in Project? Yes No

To the best of my knowledge, the foregoing petition and plans conform to the ordinances of the Town of Orchard Park. The Building Inspector(s) are permitted to enter the premises listed herein in any reasonable time to perform all required inspections of the permitted work.

Property Owner: _____

Print and Sign

Address: _____ Phone: _____

City _____ State _____ Zip _____

Letter of Authorization Submitted

Notes: _____

Town Clerk Stamp

Official Use Only:

Items supplied: Survey 2 Sets of Plans Disability _____ Workers Compensation _____
 Insurance Waiver Truss Details/Manufacture's Brochure Electrical Application

Building Inspector: _____ Issued: _____

Permit #: _____ Permit Fee _____ + Additional Fee _____ = _____