

Town of Canandaigua

5440 Route 5 & 20

Canandaigua, NY 14424

Phone: (585) 394-1120 – Fax: (585) 394-9476

www.townofcanandaigua.org

SITE DEVELOPMENT / BUILDING PERMIT APPLICATION

1. **Subject Property** Address: 2555 Rte 332
Tax Map Number: 70-11-1-36 Zoning District: CC
2. Name and Address of **Property Owner**: Randall Farnsworth
5375 Thomas Rd. Cdga 14424
Telephone Number / E-mail Address: 394-0050
3. Name and Address of **Applicant** if not property owner: Venezia Assoc
5120 Laura Ln. Cdga 14424
Telephone Number / E-mail Address: 585-396-3267 rocco@veneziasurvey.com
cell 314-6313
4. Scope of work – including the **total square footage** of the project if applicable:
Convert interior of former auto dealership into a collision
shop

PLEASE INCLUDE APPLICABLE CONSTRUCTION PLANS AND A SITE PLAN SHOWING THE PROPOSED PROJECT.

5. Contractor Information:

General Contractor: Chrisantha Construction
Address: PO Box 165, Gorham, NY 14461
Telephone Number / E-mail Address: 585-526-6376 / Kbragg@chrisantha.com

CONTRACTOR INSURANCE CERTIFICATES REQUIRED:

C-105.2 or U-26.3 WORKER COMPENSATION and DB-120.1 DISABILITY or CE-200/BP-1

*PLEASE NOTE THAT WE CANNOT ACCEPT ACORD FORMS AS PROOF OF INSURANCE. THANK YOU.

(Owner signature and date are required on reverse page)

***Property Owner is responsible for any consultant fees*
(Town Engineer, Town Attorney, etc.) incurred during the application process.***

****See Town Clerk for current Fee Schedule***

The undersigned represents and agrees as a condition to the issuance of this permit that the development will be accomplished in accordance with the Town Zoning Law, the New York State Uniform Fire Prevention and Building Code, and the plans and specifications annexed hereto.

Owner's Signature: *Randall Hunsworth* Date: *3/19/16*

PERMIT WILL NOT BE ISSUED WITHOUT PROPERTY OWNER SIGNATURE.

Please **DO NOT** send payment with this application.
Payment shall not be made until the fee is determined and the permit is issued.

FOR OFFICE USE ONLY

Flood Zone _____ FEMA Panel # _____ Floodplain Development Permit Required? Yes / No

Within environmentally sensitive, open, deed restricted or conservation easement area? Yes / No

Code Enforcement Officer

Date

Permit Issued	Permit Number	Fee
Building Permit Fee (non-refundable)		

Town of Canandaigua

DEMOLITION PERMIT APPLICATION

1. Name and Address of Property Owner: Randall Farnsworth
5375 Thomas Rd, Canandaigua 14424
2. Telephone Number/ E-mail of Property Owner: 394-0050
3. Subject Property Address, Tax Map Number, and Zoning District: 2555 Rte 332, Cdga
70.11-1-36 Z=CC
4. Is subject parcel residential or commercial property: Commercial
5. Are there any hazardous materials on site? YES ☒ NO If yes, how will they be removed? _____
6. Please explain demolition project and procedure: Front showroom area to be removed, Remaining bldg to be remodeled
7. Will there be any open burning? YES ☒ NO If yes, please explain: _____
8. How will the debris be removed? Dump truck
9. Is this structure historically significant? YES ☒ NO Has the Town Historian been contacted? YES ☒ NO

The property owner represents and agrees as a condition to the issuance of this permit to completely clean up the site and restore it to original condition.

Signature of Owner: Roy Randall Farnsworth

Date: 3/19/16

Please **DO NOT** send payment with this application.
Payment shall not be made until the fee is determined & the permit is issued.

Contractor Name and Address: _____

Contractor Telephone Number/E-mail address: _____

Contractor Insurance Certificates Required: C-105.2 / U-26.3 *and* DB-120.1 *or* CE-200 / BP-1

Insurance shall provide coverage for demolition activity.

Permit # _____

Issue Date _____

Expiration Date _____